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ABSTRACT

This document contains three model curricula in nursing education for alcohol and other drug abuse, one graduate and one baccalaureate level from New York University's (NYU) Division of Nursing, and the third combining graduate and undergraduate level curricula for Ohio State University (OSU). The NYU undergraduate curriculum contains a pilot test and evaluation instrument as well as fifteen curriculum modules divided between two levels on topics including family patterns of drug abuse, impaired professionals, treatment, and patterns in various special populations. Each module contains a placement suggestion, time estimate, learner objectives, content outline, recommended teaching strategies and references. The graduate level curriculum titled Project SAEN (Substance Abuse Education in Nursing) provides a third level of eight curriculum modules for the Masters level including modules on group modalities, research perspectives, and the nurse within an interdisciplinary treatment team. The OSU curriculum contains a statement of philosophy, a faculty development program, an undergraduate curriculum model of family patterns, etc. Also included are a master's level curriculum, and a Ph.D. level curriculum. Sections on evaluation curriculum and a Ph.D. level curriculum. Sections on evaluation and references are included. Appended are a list of faculty development instruments, a taxonomy of content areas, and a glossary of terms. (JB)

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DRAFT MODEL CURRICULUM IN NURSING EDUCATION FOR ALCOHOL AND OTHER DRUG ABUSE

CONTRACT NO: ADM 281-88-008

NEW YORK UNIVERSITY
DIVISION OF NURSING

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The Network for Drug Free Colleges/ERIC/HE Project

The ERIC Clearinghouse on Higher Education has been given federal funds to process a special collection of policy, program and curriculum documents produced by the Network of Colleges and Universities Committed to the Elimination of Drug and Alcohol Abuse, a coalition of institutions initiated by the Department of Education, Office of Educational Research and Improvement in response to the 1989 Drug Free Schools and Communities Act.

Major objectives of the project are to:

- increase access to the information on programs, policies, and curricula developed by Network member institutions;
- encourage the use of the ERIC system by Network member institutions;
- improve the Network's ability to know about, and share information on activities at member institutions; and
- test a model for collaboration with ERIC that other national agencies might adopt.

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CONTENT OUTLINE

I. Program Format and Recommendations
II. Program Format - Division of Nursing
III. Resources
IV. Pilot Test and Evaluation
V. Curriculum Modules and Exemplar Resources

New York University

Division of Nursing
NIAAA-NIDA CURRICULUM PROJECT

OBJECTIVES	MODULE LEVEL I	MODULE LEVEL II
Develop an awareness of personal attitudes and values about alcohol and drug	1,2,3,5	1,2,3,4,5
Formulate understandings of patterns of alcohol and drug use by self, clients, peers and coworkers.	1,2,3,5,6,7	1,2,3,6,7
Identify patterns of clients who abuse alcohol and other drugs.	3,5,6,7	1,3,6,7
Assess manifestations of alcohol and drug use.	3,4,5,6,7	1,2,3,4,5,6,7
Identify human and environmental field factors which are predictive of abusive patterns	1,3,5,6,7	2,3,6,7
Decribe treatment modalities used in response to a variety of drug using patterns.	4,6	1,2,3,4,5,6,7,8
Describe societal, cultural, ethical, and legal factors which relate to alcohol and other drug use and impact upon client and care delivery.	All	All
Formulate nursing strategies in response to drug using patterns.	5,6,7	1,3,4,5,6,7,8
Assess the effectiveness of nursing strategies implemented with patterns of alcohol and other drug use.	5,6,7	1,2,3,4,5,6,8

NEW YORK UNIVERSITY
DIVISION OF NURSING

BACCALAUREATE CURRICULUM MODULES

Level I (Beginning level knowledge and skills)

1. Attitudes and Values about Drug and Alcohol Use
2. Health Implications of Drug and Alcohol Use
3. Assessment of the Adult Client for Drug and Alcohol Use
4. Pharmacology of Major Common Drugs of Abuse
5. Dysfunctional Patterns in Families with Drug and Alcohol Problems
6. The Adolescent Who Uses Drugs and Alcohol
7. Prevention of Drug and Alcohol Problems in the School Age Child

Level II (Advanced level knowledge and skills)

1. Fetal Effects of maternal Drug and Alcohol Use
2. Impaired Practice by Health Professionals
3. Addictions: Nursing Diagnosis and Treatment
4. Nursing Care in Acute Intoxication
5. Nursing Care in Withdrawal
6. Drug Misuse and Dependence in the Elderly
7. Drug and Alcohol Problems in Special Populations
8. Nursing Needs in Special Populations with Drug and Alcohol Problems

I Program Format and Recommendations

Baccalaureate programs in nursing prepare graduates to 1) assume professional responsibility for the promotion and maintenance of health, nursing diagnosis, therapy and care of the sick and disabled in all settings, and to 2) continue the study of nursing at the master's degree level. The graduate is prepared as a "generalist" whose care delivery focuses on the health needs of individuals. It is expected that the baccalaureate graduate will possess knowledge and skills in content areas related to major health needs and helath problems of the population.

The philosophy, objectives and conceptual framework determine the organization of an undergraduate curriculum and provide direction and an overall structure for course design, implementation and evaluation. Within the curriculum, specific didactic and clinical experiences prepare the student to meet terminal objectives. It is expected that the student will meet these objectives through the synthesis of theoretical and functional knowledge presented in the curriculum..

The NIDAA-NIAAA project working committee has formulated terminal objectives specific to knowledge and clinical skills in the content areas of drugs and alcohol, their use and abuse. It is the consensus of the group that these describe minimal performance expectations at the baccalaureate level. They are as follows:

Terminal Objectives: Baccalaureate Curriculum

On completion of require courses of study, the learner will:

1. Develop an awareness of personal attitudes and values about alcohol and drug use.
2. Formulate understanding of patterns of alcohol and drug use by self, clients, peers and coworkers.
3. Identify patterns of clients who abuse alcohol and other drugs.
4. Assess manifestations of alcohol and drug use.
5. Identify human and environmental field factors which are predictive of abusive patterns.
6. Describe treatment modalities used in response to a variety of drug using patterns.
7. Describe societal, cultural, ethical, and legal factors which relate to alcohol and other drug use and impact upon clients and care delivery.
8. Formulate nursing strategies in response to drug using patterns.
9. Assess the effectiveness of nursing strategies implemented with patterns of alcohol and other drug use.

Schools of nursing utilize a variety of curricular formats and develop curricula according to several theoretical models. At the N.Y.U. Division of Nursing, Martha Roger's theoretical model of unitary human beings is the central model around which undergraduate and graduate courses are developed. In order to maximize the utility of a model curriculum, the working committee has organized relevant drug and alcohol content in a modular format. These may be utilized in a variety of teaching modes:

1) free standing units which can be expanded and offered as continuing education programs by schools or organizations
2) Sources of content and learning experiences which are then integrated into the specific theoretical framework of a given school of nursing
3) free standing lesson plans for incorporation into required and elective courses.

Recommendations for Utilization of Curriculum Modules

Since the terminal objectives related to drug and alcohol content describe basic expectations for the learner, content must be included in required, "core" curriculum courses. At NYU, and in a majority of nursing programs, the nursing sequence provides content and learning experiences in broad areas related to common health needs and problems throughout th life cycle. These are most often maternal-child and family health, adult health and illness, mental health and community nursing. A key component in students realizing terminal objectives is the sequence of the courses; each level course in nursing is prerequisite to those following it. It is recommended that the modules be integrated into required core courses in a sequence that is appropriate to the existing model. "Placement" designated (is appropriate to) on the module refers to content areas which could appropriately incorporate the module.

Nursing courses span a minimum of two and often three years in the undergraduate curriculum. With the development of the nursing knowledge base, and increased numbers of clinical courses, students move from beginning to advanced levels of care delivery. This program format designates modules as Level I, for the beginning learner, and Level II, for students who have progressed further in the curriculum. Learner objectives reflect these levels and need to be modified if the learning unit is offered at other than the recommended level. The language used in module descriptions and learner objectives must be congruent with the theoretical framework and philosophical base of the program.s

While time allotments are suggested, until the modules are actually utilized, it is difficult to judge exactly how long an instructor may take to present a topic. Teaching strategies chosen will also cause variations in the amount of time needed.

II Program Format for the Division of Nursing

Level I, Module 1. Attitudes and Values About Alcohol and Other Drug Use, is designed as for incorporation in a beginning level course for non-nursing health professional students as well as nursing students. It is drug and alcohol education which meets the informational needs of the undergraduate student and also has the potential to be expanded into a 2 credit course, which could be offered as an elective within the department or school.

The required first course in the nursing sequence, Nursing Science I provides an appropriate placement for Level I, Module 2, Health Implications of Drug Use. Nursing Science I focuses on the nursing process with a major emphasis on assessment. Using the principles of nursing science, tudents will apply the nursing process (nursing observations, diagnoses, planning, intervention, and evaluation) in the university lab and with select clients. Introduction to communication skills, awareness of self, and others within the environment are discussed. The first nursing science course serves as the basis for application of the Rogerian theoretical framework which is developed in increasing complexity throughout the nursing science sequence. Principles related to assessing, promoting, maintaining and restoring health are discussed. The module also has the potential to be developed as a free standing two credit course through the addition of evaluation methods and expansion of content on nursing strategies.

Level I, Module 3, Assessment of the Adult Client for Drug and Alcohol Use, will be incorporated into Nursing Science I and addresses the learning needs of a beginning student in relation to assessment of alcohol and drug related problems. In NYU's curriculum the student must take the basic sciences as prerequisites and pharmacology as a corequisite to nursing courses, and Pharmacology or a comparable course is recommended for other programs.

Nursing Science II, Nursing and the Childbearing Family, examines the life process among unitary human beings from conception, through childbearing, pregnancy, childbirth and the neonatal period with individuals and families as units of study. Predictable and common patterns within the community - family - parental - fetal - neonatal fields are the focus. Learning experiences involve interactions with individuals, families, peers and health care professionals in hospital, home and community settings.

Level I, Module 5, Dysfunctional Patterns in Families with Drug and Alcohol Problems and Level II, Module 1, Fetal Effects of Maternal Drug Abuse will be incorporated into Nursing Science II. In addition, student placement will be expanded to include agencies serving populations of drug addicted mothers and infants, and community school experiences.

Nursing Science III focuses on the continuously repatterning field from infancy through adolescence. The significance of field/environment interaction in promoting the optimal potential patterns and repatterning toward health is emphasized. Principles and indices of the Science of Unitary Human Beings are the framework within which the family, developmental, cognitive and natural science theories are integrated to predict, prescribe and intervene field/environment interactions.

Level I, Module 6, The Adolescent Who Uses Drugs and Alcohol, and Level I, Module 7, Prevention of Alcohol and Drug Abuse in the School Age Child will be incorporated into Nursing Science III in the content areas of altered growth patterns and health teaching and health promotion.

All students are required to take the course, Nursing Pharmacotherapeutics, on completion of their basic science courses. This course focuses on client responses to pharmacologic agents and drugs of abuse. Application of the nursing process to care of patients taking pharmacologic agents is discussed. The nurse's responsibilities in medication administration are reviewed, as well as legal, ethical, and educational saspects of the nurse's role in relation to drugs. Level I, Module 4, the Pharmacology of Major Drugs of abuse, will be taught in this course.

Nursing Science IV focuses on the live process of wo/man during the young to mature age interval of the life cycle. The Rogerian Nursing Science of unitary persons is utilized as a perspective for viewing wo/man as a unique, integral individual. The concept of unitary person as a homeodynamic energy field subject to universal laws provides the basis for indepth analysis of the nature of wo/man interactions with the environmental field. Patterns of field variables essential to the maintenance of field integrity and health are studied. The four dimensional human and environmental energy fields are examined as they flow through each other, and field manifestations fo the unitary person experiencing acute and/or chronic illness during this age interval are identified and analyzed in depth.

The laboratory experience and seminar discussions are purposefully designed to permit the learner maximum correlation of theoretical and functional knowledge in a variety of settings. The nursing science framework and concepts from nursing and related disciplines are utilized as the basis for describing observations, formulating nursing diagnoses, instituting interventions and evaluating these interventions. Delineation and provision for priority needs, short-range and long-range goals are considered essential for comprehensive professional nursing practice. The professional nurse as a coordinate peer member of the health team promoting and maintaining acceptable standards of practice and serving as a responsible advocate to clients is stressed. The student is assisted in further developing the advanced technical skills of contemporary professional nursing practice.

The focus on acute illness provides for the inclusion of the broad scope of responses associated with drug and alcohol abuse and dependence. Adult health content, including acute medical emergencies and psychiatric - mental health nursing provide placement for the following modules at Level II: Module 3, Addictive Nursing: Diagnosis and Treatment, Module 4, Nursing Care in Acute Intoxication and Module

5, Nursing Care in Withdrawal.

Clinical·placements in the general hospital and psychiatric settings expose students to clients with undiagnosed addictions, and Medical sequellae as well as to the client with diagnosed illness related to drugs and alcohol.

Students have some flexibility about timing for placement in their curriculum of two professional role course. The second, Philosophy of Nursing reviews philosophical assumptions as the basis for the understanding of professional roles. Contemporary educational trends, research roles, and practice issues are explored in their relevance to professionalization. Ethical and legal aspects of nursing practice and strategies for change are discussed. Factors influencing the nursing role in the health care delivery system are reviewed. It must be taken in the last three semesters of the undergraduate curriculum. Level II, Module 2, Impaired Practice by Health Professioanls is incorporated into this course. Similar placement, late in the curriculum is recommended for other programs.

Nursing Science V focuses on the life process of the individual during the later years of the life span. Aging is viewed as an integral part of the life process. The interaction of the elderly individual and the environment and potential changing patterns in the life process and maximum potential is examined. Society's responsibility to the elderly is considered. The elderly person as an unique, valued individual remains a basic consideration. Level II, Module 6, Dry Misuse and Dependence in the Elderly will expand existing content included as common health problems for this population. Students caring for the elderly in the general hospital on general medical services will encounter numerous opportunities to apply this knowledge in the clinical setting.

Nursing Science VI, implements the nursing process with special populations and emphasizes assessment. The health care delivery system and formation of health policy is introduced. Related laboratory study and application of theory is provided in a variety of health care settings. The course focuses on merging the individual clinical approach in nursing with basic public health strategies of dealing with populations. Application of the nursing process to individuals and families continue in a community context. Level II, Modules 7 and 8 address specific populations in communities and their nursing care needs. Public health principles underlie the approach to understanding drug and alcohol problems and intervening with aggregates of individuals.

These modules are designed to be modified according to the prevalence of health needs in regions where specific populations reside, or where certain drug nd alcohol problems dominate the health care scene. Goals include the development of student skills in utilizing community resources in response to specific health durations.

DIVISION OF NURSING
PROGRAM FORMAT

Module Level	Divisional Course	Module
I	Introductory Elective	1 Attitudes and Vaules about Drug Use
I	E41.0256 Nursing Science I	2 Health Implications of Drug Use
I	E41.0256 Nursing Science I	3 Assessment of the Adult Client as Drug and Alcohol Problems
I	E41.1436 Nursing Pharmacotherapeutics	4 Pharmacology of Major Drugs of Abuse
I	E41.1257 Nursing Science II	5 Dysfunctional Patterns in Families with Drug and Alcohol Problems
II	E41.1257 Nursing Science II	1 Fetal Effects of Maternal Drug Use
I	E41.1256 Nursing Science III	7 Prevention of Drug and Alcohol Problems in the School Age Child.
I	E41.1256 Nursing Science III	6 The Adolescent Who Uses Drugs and Alcohol
II	E41.1261 Philosophy of Nursing	2 Impaired Practice by Health Professionals
II	E41.1258 Nursing Science IV	3 Addiction: Nursing Diagnoses and Treamen
II	E41.1258 Nursing Science IV	4 Nursing Care in Acute Intoxication
II	E41.1258 Nursing Science IV	5 Nursing Care in Withdrawal
II	E41.1258 Nursing Science V	6 Drug Misuse and Dependence in the

Module Level	Divisional Course	Module
		Elderly
II	E41.1260 Nursing Science VI	7 Drug and Alcohol Problems in Special Populations
II	E41.1260 Nursing Science VI	8 Nursing Care of Drug Alcohol Problems in Special Populations

The terminal objectives for the masters' degree program and specific objectives for drug and alcohol content will guide the development of modules for graduate courses. The following Terminal Objectives have been formulated in relation to alcohol and drug education at the Masters' Level. On completion of required courses of study, the learner will:

1. Select contemporary theories from nursing and from the basic sciences to develop strategies for individuals at risk for the development of drug and/or alcohol problems.
2. Utilize advanced nursing knowledge about alcohol and other drugs to design and evaluate nursing strategies for individuals, groups and families.
3. Apply the research process in the identification and clarification of alcohol and drug related health problems and to formulate theory based approaches to nursing practice.
4. Utilize findings derived from drug and alcohol research to formulate theory based approaches to nursing practice.
5. Synthesize knowledge about drugs and alcohol to develop and test nursing knowledge for education and delivery of nursing services.
6. Demonstrate independent decision making through nursing interventions with clients and families experiencing drug and alcohol problems.
7. Utilize knowledge of societal trends and health policy on alcohol and drug use in formulating strategies for health education and health care.

These will be discussed at the masters' work group and reviewed with suggested modules in a future curriculum meeting.

III Resources

At present, there are over four hundred entries to the resource data base including:

a. journal articles, books, monographs
b. audiovisual materials
c. access codes to other data bases

Resources included with the module were chosen as representative of entries in the total data base, and as exemplars of appropriate materials. Criteria were a) level of the module (beginning or advanced) 2) aspects and scope of topic 3) faculty needs. Faculty may wish to include them in lesson plans. The instructor's guides will make more specific recommendations for the use of materials. Readings and other resources include research based articles and a limited number of actual research publications. Nursing and medical research reports as the basis of intervention are included as well as some basic science research and theoretical explorations of drug and alcohol phenomena. These choices reflect the extent to which the undergraduate curriculum uses research as a direct knowledge base for students. More frequently, research is interpreted by faculty and included in educational approaches.

There are gaps in the literature. A predominance of readings from medical specialties reflect the limited resources in drugs and alcohol in the nursing literature. A large number of medical publications are included for their merit and relevant information.

IV. PILOT TEST AND MODULE EVALUATION

The first module to be evaluated is The Pharmacology of Major Drugs of Abuse. There are two reasons for the choice of this module:

1. the course in which it is to be offered, Pharmacotherapeutics in Nursing, is a new course. Entering students will have had no formal course offering on pharmacology prior to this course.

2. the instructor teaching the course is knowledgeable in the content area and is clinically skilled in nursing management of the substance abusing client.

1) Evaluation of the Module

The content, learning objectives and teaching strategies have been reviewed by the working committee and critiqued for 1) inclusion of key content 2) scope of content included and 3) integrity of curricular design. In addition, the module content has been analyzed by Dr. John P. Morgan, a technical consultant and expert in pharmacology and pharmacologic aspects of drug abuse.

The evaluative process is composed of the following five steps:

1. review and critique by the working committee
2. review, critique and modification by a technical consultant
3. evaluation by the instructor: The instructor will write a lesson plan from the module and include expected learning outcomes, prior to the content offering. Following the content offering, the instructor will evaluate how closely the established plan parallels the actual presentation, the interest level of the students during the lesson, the performance level of the students during the lesson, and degree of overall satisfaction with the lesson.
4. evaluation of student learning by pre and post test. Students will be administered a ten question pretest (attachment 1) two weeks prior to the lesson presentation. The same set of questions, in permuted order will be administered two weeks following content

presentation. In addition, ten questions on lesson content will be included in the course final examination.

5. standard evaluation forms utilized by The Division of Nursing will also be completed by students at the end of the semester. These are an instructor evaluation, and a course evaluation. The course evaluation form will be modified to reflect only the module offering. This will be completed along with the total course evaluation (attachment 2).

On completion, all forms of evaluation will be reviewed with the project evaluator, Dr. Sharon Weinberg. Appropriate modifications will be made and a standard evaluation method developed and proposed to the working committee for review and adoption.

NEW YORK UNIVERSITY
SEHNAP
DIVISION OF NURSING

E41.1436

Pharmacotherapeutics

________________ Name

________________ Date

1. Match the drug name (combination) with it street name:

    a. ________ amyl nitrate
    b. ________ methaqualone (qualudes)
    c. ________ amphetamine & opiate combination
    d. ________ barbiturates (secobarbital)
    e. ________ phencyclidines (PCP)

    1. speed ball
    2. poppers
    3. angel dust
    4. ludes
    5. red devils

2. Alcoholics are prone to the development of cross tolerance to barbituates. The implications of this in treating an alcoholic with barbiturates suggest that one should:

    a. decrease the barbiturate dose
    b. increase the barbiturate dose
    c. avoid use of barbiturates
    d. maintain normal doses unless toxicity develops

3. Mary Henry is a 28 year old mother of 3 who enters the emergency with a fractured arm. She states she fell three days ago but did not think it serious. Your assessment results in the following findings. Which symptom does not classify as a possible indicater of alcoholism?

    a. palmar erythema
    b. multiple bruises
    c. paranoia
    d. fine hand tremors

4. James Robbins enters the Emergency Room with delirium, cheyne - stokes respirations, rapid pulse and severe anxiety. Because he is delirious he is unable to tell you what drugs he took. The signs suggest which of the following substances?

    a. heroin
    b. free based cocaine
    c. phencyclidine (PCP)
    d. methaqualone (qualudes)

5. Narcan (naloxone) is used in the treatment of acute heroin overdose. One of the dangers in using Narcan is:

    a. precipating acute withdrawal symptoms
    b. aggravating cardiac arrythmias
    c. inducing profound hypotension
    d. exacerbating agitated, paranoid behavior

6. Undesirable reactions ("bad trips") are a significant problem associated with phenyclidines (PCP). Select the treatment modality which should not be employed in treating acute overdose:

   a. sedatives to control agitation
   b. urinary actifiers to facilitate excretion
   c. isolation to minimize stimuli
   d. frequent, verbal contact to provide support

7. Select the physiologic changes which accompany cannabis sativa (marijuana) use:

   a. running nose, anorexia, pupillary constriction
   b. elevated heart rate, conjunctival congestion, enhanced appetite
   c. impaired speech, loss of coordination and elevated blood pressure
   d. euphoric sensation ("rush"), nausea and feeling of detachment

8. Volatile nitrates (e.g. amyl nitrate) have increased in popular use because heightened sensations, of orgasm may occur during sexual intercourse. Select the physiologic action which explains this phenomena:

   a. profound vasodilation
   b. reflex bradycardia
   c. mild hypertension
   d. cutaneous flushing

9. Acute amphetamine withdrawal is characterized by:

   a. paranoia, hostility, agitation and tremors
   b. convulsions, tachycardia, and profound emotional withdrawal
   c. confusion, psychosis, amnesia and visual hallucinations
   d. fatigue, muscle pain, lethargy and depression

10. Ellen Trammers is a 16 year old who enters the emergency room in acute pulmonary edema. She has "track marks" indicating I.V. drug abuse. Which substance is most likely to be the precipitating agent:

    a. heroin
    b. crack
    c. phencylidines (PCP)
    d. free based cocaine

ANSWER KEY

1. a-2
   b-4
   c-1
   d-5
   e-3

2. b

3. c

4. b

5. a

6. d

7. b

8. a

9. d.

10. c

NEW YORK UNIVERSITY
DIVISION OF NURSING

V. Curriculum Modules

Level I (Beginning level knowledge and skills)

1. Attitudes and Values about Drug and Alcohol Use
2. Health Implications of Drug and Alcohol Use
3. Assessment of the Adult Client for Drug and Alcohol Use
4. Pharmacology of the Major Common Drugs of Abuse
5. Dysfunctional Patterns in Families with Drug and Alcohol Problems
6. The Adolescent Who Uses Drugs and Alcohol
7. Prevention of Drug and Alcohol Problems in the School Age Child

Level II (Advanced level knowledge and skills)

1. Fetal Effects of Maternal Drug and Alcohol Use
2. Impaired Practice by Health Professionals
3. Addictions: Nursing Diagnosis and Treatment
4. Nursing Care in Acute Intoxication
5. Nursing Care in Withdrawal
6. Drug Misuse and Dependence in the Elderly
7. Drug and Alcohol Problems in Special Populations
8. Nursing Needs in Special Populations with Drug and Alcohol Problems

Level I

Module 1. **Attitudes And Values About Alcohol And Other Drug Use**

Placement: Elective: Health Education, Introduction for health professional courses

Time Allotment: 2 Hours

Description:

This module will assist the student in understanding the various meanings of drug use and attitudes about it in Western society. The use of drugs medicinally, in rituals, and in social settings will be reviewed in relation to attitudes about drugs and drug users. The development of personal and professional attitudes will be explored for relevance to drug use by health professionals and the delivery of nursing care.

Learner Objectives:
Upon successful completion of this module, the learner will:

1. Describe attitudes about drug use in contemporary Western society.
2. Identify personal patterns of licit and nonlicit drug use.
3. List common societal values associated with drugs and their various uses.
4. Describe the effects of provider bias about drug use on client-health providers relationships.
5. Identify attitudes commonly held by health professionals toward alcoholics and individuals with drug dependencies.
6. Describe drug using patterns reported by nursing students, nurses and other health professionals.

Content Outline:

I. Contemporary Societal Patterns and Drug Use

    A. Historical influences: i.e., early use/prohibition
    B. Alcohol as a drug
    C. Caffeine, nicotine
    D. Pharmacological trends in society
    E. Use patterns in special populations
    F. Use patterns in social settings
    G. Use patterns and life styles

II. Motives for Drug Use

   A. Drugs of abuse
   B. Group and societal patterns
   C. Factors contributing to drug use
   D. Choices about drug use

III. Biased Attitudes about Drug Using Populations
   A. Addiction as a moral failing
   B. The disease model social definitions of drug abuse
   C. Effects of bias on access to health care
   D. Attitudes which influence the nurse - client relationship

IV. Drug Use by Health Professional Students and Practitioners

   A. Reported patterns
   B. Determining factors
   C. Legal implications
   D. Ethical implications
   E. Attitudes of care givers

Recommended Teaching Strategies

Small group discussions
Small group exercises
Films
Lecture
Role playing
Values clarification

Module I.1
Attitudes and Values

Alcohol and drugs in the workplace: costs, controls and controversies. (1986). Washington, D.C.: Bureau of National Affairs.

Alcohol, society and the state. (1981). Toronto, Canada: Addiction Research foundation.

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Hanna, E. (1978). Attitudes toward problem drinkers. *Journal of Studies on Alcohol,1,* 98-109.

Hatterer, L. (1979). *The pleasure addicts: The addictive process, food, sex, drugs, alcohol, work and more.* South Brunswick, N.J.: Barnes.

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Resources

For group activity:

Activity sampler for college prevention programs. Includes lectures, workshop outlines, guidelines for resident assistants etc. Available from NIDA Activity Sampler for College Prevention Programs. Rockville, Maryland: National Clearinghouse for Alcohol Information. Pub. No. MS314, 1985.

Nurco, D.N. & Shaffer, J.W. & Hanlon, T.E. & Kinlock, T.W. & Duszynski, K.R. & Stephenson, P. (1987). Attitudes toward narcotic addiction. The Journal of Nervous and Mental disease, 175, 11, 653-660.

Peele, S. (1982). Love, sex, drugs and other magical solutions to life. Journal of Psychoactive Drugs, 14, 1-2, 125-131.

Richman, J. Sociological perspectives on illegal drug use: Definitional, reactional and etiologic insights. Behavioral Sciences of the Law, 3, 3,249-258.

Schoenborg, C.A., (1988). National health interview survey: 1985 Statistics on Smoking and Alcohol Use. Series 10, No. 163. Vital and Health Statistics. DHHS Pub. No. (PHS) 88-1591.

Stephens, R. (1985). The sociocultural view of heroin use: toward a role-theoretical model. Journal of Drug Issues, 15, 4, 433-446.

Swanson, a & Hurley, P. (1983). Family systems: Values & value conflicts. Journal of Psychosocial Nursing & Mental Health Services, 21, 7, 25-30.

Szasz, T. (1974). Ceremonial Chemistry. New York: Doubleday.

Turner, T.B., Bennett, V.L. & Hernandez, H. (1981). Beneficial side of moderate alcohol use. Johns Hopkins Medical Journal, 148, 2, 53-63.

Wechsler, H., McFadden, M., Bohman, M. (1980). Drinking and drug use among college students in New England. Journal of the American College Health Association, 18, 275-279.

Werch, C.E. & Gorman, D.R. (1987). Relationship between self-control consumption patterns and problems of college students. Journal of Studies on Alcohol, 49, 1, 30-36.

Level I

Module 2. **Health Implications Of Alcohol And Other Drug Use**

Placement: Fundamentals of Nursing, Nursing Care of the Adult.

Time Allotment: 3 Hours

Description:

This module assists the student in the identification of health implications of drug using behaviors. The content supports the development of health habits and coping mechanisms lwhich explore drug and alcohol use in relation to health promotion. Nursing strategies to promote behavioral change and health are presented.

Learner Objectives:
Upon successful completion of this module, the learner will:

1. Identify patterns of drug and alcohol use which have adverse effects on health.

2. Assess factors related to drug and alcohol use.

3. Identify factors which predispose provider and client to health risks and addiction.

4. Provide nursing care to promote and maintain maximum well-being for the well adult, based on data gathered.

Content Outline:

I. Factors which interact to influence motive for and outcomes of, drug use:

   A. Individual
      1. genetic factors
      2. family patterns
      3. life style
      4. self-assessment

   B. Environmental
      1. regional patterns and accessibility
      2. social traditions
      3. peer activities
      4. socioeconomic status
      5. occupational

II. Factors which increase risks of drug use to health:

- A. dysfunctional family patterns
- B. drug and alcohol use as coping strategies
- C. personality structure
- D. life stresses

III. Nursing modalities to promote health in the drug using client:

- A. health teaching to reduce risks
  - 1. exercise
  - 2. nutrition
  - 3. safe sex practices
  - 4. smoking
  - 5. drugs and alcohol
- B. nursing strategies to promote relaxation, decrease stress, and enhance well-being
  - 1. therapeutic touch
  - 2. relaxation techniques, i.e., guided imagery
  - 3. biofeedback
  - 4. stress management
  - 5. problem-solving strategies
  - 6. support groups
  - 7. time management
- C. use of community and clinical resources through self-referral, and referrals of colleagues and clients
  - 1. knowledge of community treatment resources
  - 2. knowledge of community self-help groups and methods of accessing them

IV. Participation in health promotion

- A. Formulating Plans for health promotion
  - 1. assessment and goal setting
  - 2. strategies to increase health-awareness in provider and client
  - 3. community resources
    - a. alcohol and drug related laws and social policies
    - b. motivating others to use health supportive networks

c. education on self-help programs and their access
d. collective action for health promotion
e. ethical issues

V. Evaluation of Nursing Strategies directed toward behavioral changes and health promotion.

Recommended Teaching Strategies

Lecture
Seminar`Role playing
Values clarification

Resources:

Module I.2 Health Implications of Drug Use

NNSA, DANA, ANA (1987). The Care of Clients with Addiction: Dimensions of Nursing Practice. Kansas City Mo: Author.

ANA (1988). Standards of Addictions Nursing Practice with selected diagnoses and criteria. Kansas City, Mo.: Author.

Clarke, M. (1984). Stress and Coping: Constructs for nursing Journal of Advanced Nursing, 9, 3-13.

Clarke, C. (1986). Wellness: Concepts, theory, research and practice. New York: Springer.

Eckhardt, M. J., Harford, T. C. et.al. (1981 Apr. 7). Health hazards associated with alcohol consumption. J.A.M.A., 246, (6), 648-666.

Haack, M.R. & Harford, T. C. (1984). Drinking patterns among student nurses. International Journal of Addictions 19 (5), 577-583.

Haberman, P. W. (1987). Alcohol use and alcoholism among motor vehicle driver fatalities. International Journal of the Addictions, 22 (11), 1119-28.

Hilton, M. E. (1987). Regional diversity of U.S. drinking patterns. Berkeley, Ca: Institute of Epidemiology and Behavioral Science.

Hutchinson, S. (1988). Self-care and job stress. Image, 19, 192-196.

Knipping, P., & Maultsby, M. (1977). Rational self-counseling: Primary prevention for alcohol abuse. Alcohol Health and Research World, 2 (1), 31-35.

Knox, J. M. (1988). Drinking, driving and drugs. New York: Chelsea House Publishers.

Lexy, S. (1983). Managing the drugs in your life: A personal guide to the responsible use of drugs, alcohol, medicine. New York: McGraw-Hill.

Nurse, A. R. (1982). The role of alcohol in relationship to intimacy. Journal of Psychoactive Drugs, 14 (1-2), 159-162.

Pinto, R. P., Abrams, D. B., Monti, P. M. & Jacobus, S. I. (1987). Nicotine dependence and likelihood of quitting smoking. Addictive Behaviors, 12,(4) 371-374.

Rindor, I. (1978). The effects of marijuana: a social-psychological interpretation. Psychiatry, 41, 202-206.

Sanchez-Craig, M. (1985). Patterns of alcohol use associated with self-identified problem drinking. American Journal of Public Health, 75 (2), 178-80.

Scott, C. & Hawk, J. (1986). Heal Thyself: The health of health care professionals. New York: Brunner/Mazel.

Siegel, R. K. (1982). Cocaine and sexual dysfunction: The course of mama coca. Journal of Psychoactive Drugs, 14 (1-2), 17-74.

Wechsler, H. & Rohman, M.E. (1981). Patterns of drug use among New England college students. American Journal of Drug and Alcohol Abuse, 8 (1) 27-37.

Audiovisual

Uppers, Downers, All Arounders. Effects of psychoactive drugs on the brain. Provides a general classification of drugs and reviews levels of drug seeking behavior. Videotape, 3/4 inch, 62 minutes. Available for rent from the National Library of Medicine, Collection Assess Section, 8600 Rockville Pike, Bethesda 20894. For purchase, contact Cincmed, 2409 Sepulveda Blvd., Manhattan Beach, Ca. 90266.

Level I

Module 3. **Assessment Of The Adult Client For Drug And Alcohol Use**

Placement: Fundamentals Of Nursing, Adult Health

Time Allotment: 3 Hours

Description:

This module assists the student in the development of beginning knowledge and basic skills in assessing patterns of drug and alcohol use, and their health implications for the adult clients.

Learner Objectives:
Upon successful completion of this module, the learner will:

1. Perform basic drug and alcohol assessment of the adult client including a short form drug and alcohol history

2. Identify patterns of drug use in the adult client

3. Identify drug using patterns and the effects on health
4. Propose nursing diagnoses, related to alcohol and drug use, based on data gathered

Content Outline:

I. Components of the nursing assessment with particular relevance to alcohol and drug use in the adult client

    A. Signs commonly observed in association with drug use and abuse
    B. Signs and symptoms suggesting dependence on drugs and/or alcohol

II. History taking and client evaluation related to drug and Alcohol use

    A. Use of direct communication techniques to elicit relevant drug taking information
    B. Use of observation and inspection skills to corroborate client history
    C. Identification of family and significant others as important informants.

III. Drug using patterns

- A. Classifications
  1. social use
  2. pathological use
  3. interactional drug using patterns
  4. drug misuse

- B. Impact on human field patterns

IV. Nursing Diagnoses

- A. Associated with alcohol and drug use
- B. Specific to dependence on particular drugs
- C. Related to states of acute illness induced by drug use
- D. Related to chronic conditions associated with long term drug use

V. Communication skills basic to assessment

- A. Patient behaviors which influence history taking (e.g. manipulation, denial)
- B. Facilitating self-disclosure
- C. Establishing a short term trusting relationship

- D. Use of findings in teaching client and family

Recommended Teaching Strategies

Role playing using simulated client situations
Dyadic exercises in history taking with peers or relatives
Media Presentations on history taking
Lecture
Videotaping of history taking
Use of case studies to formulate diagnoses.

Resources:

Module I. 3 · Assessment of the Adult Client
for Drug and Alcohol Abuse

American Nurses' Association, DANA, NNSA. (1987). *The care of clients with addictions: Dimensions of nursing practice.* Kansas City, MO. Author.

American Nurses' Association. (1988). *Standards of addiction nursing* practice with selected idagnoses and criteria. *Kansas City, Mo. Author.*

Bates, B. (1983). *A guide to physical examination* (3rd ed.). Phila: Lippincott.

Brodsley, Laurel (1982). Avoiding a crisis: The assessment. *American Journal of Nursing, 82,*12, 1865-71.

Brown, S. A., Christiansen, B. A. & Goldman, M. S. (1987). Alcohol expectancy questionnaire: An instrument for assessment and adult alcohol expectancies. *Journal Studies on Alcohol, 48,* (5), 483-491.

Cohen, S. & Gallant, D. M. (1981). *Diagnosis of drug and alcohol abuse.* Medical Monograph Series. *1*, 6.

Cohn, L. (1982). The Hidden Diagnosis. *American Journal of Nursing*. 1862-1864.

Gallant, D. (1987). *Alcoholism: A guide to diagnostic intervention and treatment.* New York: W.W. Norton and Co.

Newton, M., Wulf, B. G., Lindeman, M. & Volcek, M. K. (1986). When the nurse suspects drug abuse. *Plastic Surgery Nursing, 6* (3), 113-5.

Podrosky, D. L., & Sexton, D. L. (1988, Spr.). Nurses' reaction to difficult patients. *Image, 26,* 16-20.

Schuckit, M. (1979). Drug & Alcohol Abuse: A Clinical Guide to Diagnosis & Treatment. New York: Plenum Press.

Tennant, F. S., Day, C. M., Ungerleider, J. T. Screening for drug and alcohol abuse in general medical population. *Journal of the American Medical Association, 242,* 533-535.

Yowell, S. & Brose, C. (1977). Working with drug abuse patients in the E.R. *American Journal of Nursing, 77, 1.*

Zahourek, R. (1986) Identification of the alcoholic in the acute care setting. *Critical Care Quarterly, 8* (4), 1-10.

Audiovisual

Anxiety: Concepts and Manifestations. An overview of the concept including origins and effects on self-concept and functioning. thirty-one minutes. Available from american Journal of Nursing Company. thirty-one minutes. Film rental ($60) or sale ($350), or videocassette rental ($60) or sale ($250).

Connecting with your patient: Nonverbal Communication for the Healthcare Professional. A unique program to teach students and staff awareness and control over their non-verbal communications. Available from American Journal of Nursing Company. Twenty-one minutes. Videocassette rental ($60.) or sale ($250).

Communication: Concepts and Complexities. Demonstrates the dynamics of communication, and the evaluation of words, gestures and symbols. Available from the American Journal of Nursing Company. Thirty minutes. Film rental ($60) or sale ($350) or videocassette rental ($60) or sale ($250).

Level I

Module 4. **The Pharmacology of Major Drugs of Abuse**

Placement: Basic Sciences are Prerequisite

Time
Allotment: 3 Hours

Description:

This module describes physiologic and behavioral effects of commonly abused drugs. Drug misuse, abuse and dependence will be defined as related to drug interaction, drugs in combination and behavioral and physiologic changes. The addictive and toxic potential of classes of drugs will be emphasized.

Learner Objectives:
Upon successful completion of this module, the learner will:

1. List common drugs of abuse by generic, trade, and street names
2. Describe pharmacologic properties of classes of commonly abused drugs
3. Describe the behavioral effects of commonly abused drugs
4. Define terms commonly used in relation to drugs of abuse
5. Describe the assessment process for the client under the influence of a drug
6. Describe effects of drug abuse/dependence which require nursing intervention
7. Describe the interactional effect of the abuse of multiple drugs
8. Describe interventions utilized in toxic drug states.

Content Outline:

I. Common terms related to abuse/dependency
    a. misuse
    b. abuse
    c. dependence
    d. tolerance
    e. addiction

II. Routes of Administration

III. Over-the-Counter Drugs
   - a. misuse
   - b. self-medication

IV. Alcohol

V. Prescription Drugs

   A. Central Nervous System Depressants
      1. Barbiturates
      2. Non-barbiturate sedatives
      3. Anti-Anxiety agents

   B. Central Nervous System Stimulants
      1. Amphetamine, Amphetamine-like drugs
      2. Anorectics
      3. Cocaine, Crack

   C. Narcotics and other Controlled Substances
      1. Opioids
         a. morphine
         b. codeine
      2. Semi-synthetic
         a. hydromorphone
         b. heroin
      3. Synthetic
         a. methadone
         b. meperidine

VI. Street and Socially Misused Drugs

   A. Hallucinogens
      1. LSD
      2. mescaline
      3. MDMA ("XTC")

   B. Phencyclidine (PCP)

   C. Volatile Inhalants
      a. amyl and isobutyl nitrites ("poppers")

   D. Marijuana, hashish

   E. Nicotine

   F. Caffeine

   G. Anabolic Steroids

Recommended Teaching Strategies

Lecture
Discussion
Media

Module I.4
The Pharmacology of Major Drugs of Abuse

Ahmad, G. (1987). Abuse of Phencyclidine (PCP): A laboratory experience. *Journal of Clinical Toxicology, 25* (4), 341-346.

Berkowitz, B. A. (1976, Jan.). Relationship of pharmacokinetics to pharmacological activity: Morphine, methadone, naloxone. *Clinical Pharmacokinetics*, p. 219-230.

Boning, J. (1985). Benzodiazepine dependence: Clinical neurobiologocial aspects. *Advances in Biochemical Psychopharmocology, 40,* 185-192.

Buffum, J. (1982). Pharmacosexology: the effects of drugs on sexual function. Journal of Psychoactive Drugs, 14 (1-2), 5-44.

Busto, V. (1986). Patterns of benzodiazepine abuse and dependence. *British Journal of Addictions, 81,* 1, 87-94.

Cushman, P. (1986). Sedative drug interactions of clinical importance. *Recent Developments in Alcohol, 4,* 61-83.

Duncan, D.J. & Shaw, E.B. (1985). Anabolic steroids: Implications for the nurse practitioner. *Nurse Practitioner, 10,* 12, 13-5.

Freund, G. (1984). Biomedical causes of alcohol abuse. *Alcohol, 1* (2), 129-131.

Gawin, F.H., Ellingwood, E.H. (1988). Cocaine and other stimulants: Action, abuse and treatment. *New England Journal of Medicine, 318,* 18, 1173-82.

Goldstein, D.B. (Ed.) (1983). *The Pharmacology of Alcohol*: New York: Oxford Press.

Hahn, A.B. & Oestereich, S.J.K. & Borkin, R. (1986). *Pharmacology in nursing.* St. Louis: C.V. Mosby Company.

Ho, A.K.S., Chen, R.C.A. & Morrison, J.M. (1977). Opiate-ethanol interaction studies. IN. K. Blum (Ed). *Alcohol and opiates,* 89-202.

Malseed, R. (1985). Drug dependence and addiction. In R. Malseed *Pharmacology: Drug Therapy and Nursing Considerations* Phila: J.B. Lippincott.

Naegle, M. (1989). Utilizing the nursing process with the client who abuses drug and alcohol. IN *Pharmacotherapeutics* (Ed.) M. Matthewson. Phila: F.A. Davis, 2nd edition.

Peterson, R. G. & Rumack, B. H. (1977). Treating acute acetaminophen poisoning with acetylcysteine. Journal of the American medical Association, 237, 2406-2407.

Shlafer, M. & Marieb, E. (1989). The Nurses Pharmacology and Drug Therapy. Menlo Park, Ca: Addison-Wesley.

Smith, D. 1984). Benzodiazepine dependence potential: Current studies & trends. J. Subst. Abuse Treatment 1, 3, 163-167.

Spiker, D. G., etal. (1975). Tricyclic antidepressant overdose: Clinical presentation and plasma levels. Clinical Pharmacologic Therapy, 18 (5), 539-546.

Spitz, H. & Rosecan, J. (Eds.) (1987). Cocaine Abuse: New Directions in Treatment and Research. New York: Brunner/Mazel.

Sullivan, J. B., etal. (1979). Management of tricyclic antidepressant toxicity. Topics in Emergency Medicine, 1 (3), 65-71.

Teped, H. (1985). biochemical basis of alcoholism: statements and hypotheses of present research. Alcohol, 2, 6, 711-88.

Vourakis, C. & Bennett, G. (1979). Angel dust: Not heaven sent. American Journal of Nursing, 79, 649-652.

Wesson, D. & Smith, D. (1977). Barbiturates: Their uses, misuse and abuse. .New York: American Science Press.

West, R.J. & Russell, M.A. (1985). Dependence on Nicotine chewing gum. Journal of the American Medical Association, 256, 23, 3214-3215.

Level I

Module 5. **Dysfunctional Patterns In Families With Drug And Alcohol Problems**

Placement: Family Development, Parent-Child Nursing, Maternity Nursing, Community Health

Time Allotment: 3 Hours

Description:

This module is designed to facilitate the student's understanding of the impact of drug and alcohol use on child development and family process. Family assessment for the identification of parenting problems, dysfunctional family roles and dysfunctional communication patterns will be reviewed in the context of child development. Students will integrate nursing principles into health teaching and interventions which reflect an understanding of dysfunctional patterns manifested in relation to family drug use.

Learner Objectives:
Upon successful completion of this module, the learner will:

1. List familial and genetic factors which place individuals at risk for the development of drug and alcohol problems
2. Describe common drug and alcohol use patterns in families
3. Describe behavioral signs frequently observed in children of drug dependent parents
4. Describe roles developed by family members in response to drug use.
5. Identify drug related communication patterns in families where drug use is common.
6. Demonstrate knowledge of key components of drug education in the health teaching of school age children by families and care providers.
7. Demonstrate strategies for effective health teaching with families about the risks and problems of drug use

Content Outline:

I. Drug and alcohol use among children
   a. populations at risk
   b. patterns of drug and alcohol use
   c. educational programs for school age children

II. Familial History and genetic theories which increase risk for drug and alcohol problems
  a. theories on family and genetic predisposition
  b. utilizing the genogram in understanding family history
  c. role modeling and social learning theory
  d. family history of drug and alcohol dependence

III. Patterns of family and childhood disturbances associated with family drug use
  a. deviations from normal development of children with fetal alcohol syndrome
  b. children with AIDS
  c. developmental disturbances in children of addicted parents
  d. adaptive roles and coping strategies
  e. sexual abuse.

IV. Alterations in family process related to drug use
  a. overview of family roles and communication patterns
  b. roles developed in response to dysfunctional family patterns

V. Nursing interactions with the drug using family
  a. health teaching
  b. screening
  c. referral
  d. evaluation of interventions

Recommended Teaching Strategies

Attendance at Family Self-Help Program (Adult Children of Alcoholics, Al. Anon)
Family interviews
Home visits
Role playing
Use of genogram

Resources: Module I. 5

Dysfunctional Patterns in Families With Drug and Alcohol Problems

Ablon, J. (1983). Family Behavior in Alcoholism. In B. Tabakoff, P. Sutker, C. Randall *Medical and social aspects of alcohol abuse* (pp. 139-160). New York: Plenum Press.

ANA (1988). *Standards of addictive nursing practice with selected diagnoses and criteria*, Kansas City:Author.

Anderson, E. E., Quost, W. (1983). Young children in alcoholic families: a mental health needs assessment and intervention/prevention strategy. *Journal of Primary Prevention, 3,* 174-187.

Blechman, E. (1982). Conventional wisdom about familial contributions to substance abuse. *American Journal of Drug and Alcohol Abuse, 9* (1), 35-54.

Bowen, M. (1974). Alcoholism as viewed through family systems theory and family psychotherapy. In F. A. Seixas, R. Cadoret, S. Eggleston, (Eds.), The Person With Alcoholism. *Annals of the New York Academy of Sciences, 133,* 115-22.

Cotroneo, M. (1976). Addiction, alienation and parenting. *Nursing Clinics of North America, 11* (3), 517-26.

Elkin, M. *Families under the influence.* (1984). New York: W.W. Norton.

Elles, M. (1986). Interventions with alcoholics and their families. *Nursing Clinics of North America, 21* (3), 493-504.

Fisk, N.B. (1986). Alcoholism: Ineffective family coping. *American Journal of Nursing, 896* (5), 586-587.

Friensen, V.I. (1983). The family in the etiology and treatment of drug abuse: Toward a balanced perspective. *Advances in Alcohol and Substance Abuse, 2* (4), 77-86.

Fossum, M. and Mason, M. (1986). *Facing shame: Families in recovery.* New York: W.W. Norton.

Glynn, T. J. (1984). Adolescent drug use & family environment: A review. *Journal of Drug Issues, 14,* 271-298.

Hofling, C.K. & Lewis, J. (1980). *The family: Evaluational treatment.* New York: Brunner/Mazel.

Kaufman, E. (Ed.). (1983). *Power to change: Family case studies in the treatment of alcoholism.* New York: Gardner.

Kiehne, A. M. (1988). Children in the addicted family: An overview. *Holistic Nursing Practice, 2* (4), 14-19.

Lawson, G. Peterson, J. S. & Lawson A. (1983). *Alcoholism and the family: A guide to treatment and prevention.* Rockville, Md: Aspen.

Orford, J. and Harwin, J. (1982). *Alcohol and the family.* New York: Martin's.

Regan, D. C. & Erlich, S. & Finnegan, L. (1987). Infants of drug addicts: At risk for child abuse, neglect, and placement in foster care. *Neurotoxicology and Teratology, 9* (4), 315-319.

Stanton, M. D. (1986). *Family therapy of drug abuse and addiction.* New York: Guilford.

Steinglass, P. (1981). The alcoholic family at home. *Archives of General Psychiatry, 38,* 578-584.

Steinglass, P., and Bennett, L., Wolin, S., and Reiss, D. (1987). *The alcoholic family.* New York: Basic Books.

Werner, E. E. (1985). Resilient offspring of alcoholics: A longitudinal study from birth to age 18. *Journal of Studies on Alcohol, 47,* 1, 34-40.

Audiovisual Resources

Crisis Intervention:Families Under Stress. Identifies needs of families whose members are acutely ill. Available from American Journal of Nursing Company. Twenty-eight minutes. Videocassette and Study Guide. Rental, ($60), sale ($275.00).

Child abuse. Emphasizes an understanding of the origins of child abuse and focuses on prevention, detection and management. Available from American Journal of Nursing Company. Videocassette rental ($60) and sale ($275.00).

Soft is the Heart of a Child. A dramatic rendering of a classic alcoholic family system in which mother and children are affected by father's alcoholism. Available from Hazelden Educational Materials. Thirty minutes. Film rental ($70), purchase ($375.00). videocassette rental ($50.), purchase ($250.)

Level I

Module 6. **The Adolescent Who Uses Drugs and Alcohol**

Placement: Nursing Care of the Adolescent, Adult Health, Psychiatric Mental-Health Nursing

Time Allotment: 3 Hours

Description:

This module highlights adolescence as a life stage in which drug use begins or is reinforced in a developmental context. The module describes the prevalence and nature of patterns of use of alcohol, and illicit and prescription drugs and explores the motivations for, and risks of, use. Components of nursing assessment and intervention with implications for this age group are presented and implemented in the clinical setting. Relevant aspects of the nursing role are emphasized.

Learner Objectives:
Upon successful completion of this module, the learner will:

1. Describe commonly observed patterns of alcohol and other drug use/abuse among adolescents

2. List factors which appear to influence alcohol and other drug use among adolescents

3. List factors which place adolescents at risk for the development of addiction, and health problems related to drug abuse

4. Identify components of nursing assessment of characteristics particular to drug using adolescents

5. Formulate nursing interventions implemented in prevention, and care of the drug using adolescent

6. Describe nursing roles implemented in prevention, care and rehabilitation of the drug using adolescents.

Content Outline:

I Patterns of adolescent drug use
    A. prevalence of drinking
    B. other drugs commonly used by adolescents
        1. street drugs
        2. abused and misused prescription drugs
        3. over-the-counter drugs

- C. patterns
  - 1. gender variations
  - 2. age
  - 3. race
  - 4. regional and demographic factors
  - 5. socio-economic variables

II. Factors influencing use

- A. adolescents at risk
- B. attitudinal factors
  - 1. attitudes about drug use
  - 2. alienation/affiliation
  - 3. developmental patterns

- C. familial factors
  - 1. family history
  - 2. parental influence and drug using patterns
  - 3. quality of parent-child relationships
  - 4. values and religious practices

- D. social factors
  - 1. peer influence
  - 2. drug using social contexts
  - 3. societal influences

- E. psychological factors

III. Assessment of factors specific to the drug using adolescent

- A. experimentation and risk taking
- B. the heavy drinker
- C. modifications in classification and nursing diagnoses
- D. the IV positive adolescent
- E. the pregnant adolescent

IV. Nursing Intervention

- A. the nurse as care provider
  - 1. identification and screening
  - 2. health teaching
  - 3. community resources
  - 4. referral

- B. the nurse as health educator
  - 1. formal educational programs
  - 2. the community
  - 3. the school

Recommended Teaching Strategies

Lecture
Audiovisual materials
Community self-help meetings (such as Ala-teen, Al-Anon)
Small group discussion
Role playing
Clinical placement

Resources: Module I. 6
The Adolescent Who Uses Drugs And Alcohol

Brook, R.C. & Whitehead, P. (1983). Values of adolescent drug abusers. International Journal of Addiction, 18, 1-8.

Bry, B.H. (1988). Family-based approaches to reducing adolescent: Theories techniques and findings. Research Monograph No. 85 (DHHS publ. No. ADM 88-1523.

Deykin, E.Y., Levy, J.C. & Wells, V. (1987). Adolescent depression, alcohol and drug abuse. American Journal of Public Health, 77 (2), 178-182.

Dishion, T.J., Lieber, R. (1985). Adolescent marijuana and alcohol use: The role of parents and peers revisited. American Journal of Drug and Alcohol Abuse, 11 (1-2), 11-25.

Fawzy, F.L. (1984). Adolescent drug use. Journal of Drug Issues, 12 (1), 89-201.

Fawzy, F.I., Combs, R.H. et.al. (1983). Generational continuity in the use of substances: The impact of parental substance abuse on adolescent use. Addictive Behavior, 8 (2), 109-114.

Frank, B., Marcel, R. & Schmeidler, J. (1988). The continuing problem of youthful solvent abuse in N.Y.S. Research Monograph no.85 (DHHS publ. no. ADM88-1577).

Groerer, J. (1987). Correlations between drug use by teenagers and drug use by older family members. Drug and Alcohol Abuse, 13 (1-2), 95-108.

Harford, T.C., Grant, B.F. (1987). Alcohol consumption among youth:A national longitudinal survey. Rockville, MD:Division of Biometry and Epidemiology, NIAAA.

Jessor, R.& Jessor, S.L. (1975). Adolescent development and the onset of drinking. Journal of Studies on Alcohol, 36, 27-51.

Johnson, R.E., Marcos, A.C. (1988). Correlates of adolescent use by gender and geographic location. American Journal of Drug and Alcohol Abuse, 14 (1), 51-63.

Kaufman, E. & Borders, L. (1984). Adolescent substance abuse in Anglo-America. Journal of Drug Issues, 14 (2), 365-377.

Khuri, E., Millman, R. & Hartman, N. (1984). Clinical issues concerning alcoholic and youthful narcotic abusers. Advances in Alcohol and Substance Abuse, 3 (4), 69-86.

Levine, B. (1985). Adolescent substance abuse: Toward an integration of family systems and individual adaptation theories. American Journal of Family Therapy, 13 (2), 3-16.

Maddahian, E., Newcomb, M. & Bentler, P. (1986). Adolescents' substance use:Impact of ethnicity, income and availability. Advances in Alcohol and Substance Abuse, 5 (3), 63-78.

McDermott, D. (1984). The relationship of parental drug use and parents' attitudes concerning adolescent drug use. Adolescence, 19 (73), 89-99.

Newcomb, M.D., Bentler, P.M. & Fahy, B. (1987). Cocaine use and psychopathology: association among young adults. International Journal of Addictions, 22 (12), 1167-1188.

Newcomb, M.D., Maddahian, E. & Skager, R., & Bentley P.M. Substance abuse and psychosocial risk factors among teenagers:Associations with sex, age, ethnicity, and type of school. American Journal of Drug and Alcohol Abuse, 13 (4), 413-433.

Perry, C.L. (1987). Results of prevention programs with adolescents. Minnesota Drug and Alcohol Dependence, 20, 13-19.

Pirie, P.L., Murray, D.M. and Luepker, R.V. (1988). Smoking prevalence in a cohort of adolescents, including absentees, dropouts and transfers. American Journal of Public Health, 78 (2), 176-78.

Sanford, P. D. etal. (1982). An analysis of drug related admissions on an adolescent service. Journal Adolescent Health Care, 3 (2), 114.

Singer, M. & Anglin, T. (1986). The identification of adolescent substance abuse by health care professionals. International Journal of Addictions, 21 (2), 247-254.

Swadi, H. & Zeitlin, H. (1988). Peer influence and adolescent substance abuse: A promising side. British Journal of Addiction, 83 (2), 153-57.

Wallack, L. & Corbett, K. (1987). Alcohol, tobacco & marijuana use among youth:An overview of epidemiological, program & policy trends. Health Education Quarterly, 14 (29), 223-249.

White, H.R., (1988). Longitudinal patterns of cocaine use among adolescents. American Journal of Drug and Alcohol Abuse, 14 (1), 1-15.

Audiovisual

Portrait of a Teenage Drug Abuser. Documentary presenting young, recovery drug abusers. Self-disclosure and personal histories and common experiences. Presentations are honest and thought-provoking. Twenty-three minutes. Available from Baer Films.

Level I

Module 7. **Prevention of Drug and Alcohol Problems in the School Age Child**

Placement: Nursing Care in Childhood, Pediatric Nursing, Family Development

Time allotment: 2 Hours

Description:

This course is designed to assist the student in understanding factors which influence drug and alcohol use by children. Identification of family and social contexts, as well as peer influences which relate to the initiation of drug use, and recognition of "at risk" children is emphasized. Prevention activities with children and families will be explored in relation to nursing role. The use of community resources for referral and education will be discussed.

Learner Objectives:
Upon successful completion of this module, the learner will:

1. List street names and classes of drugs used by the school age and preadolescent child.
2. Describe behaviors commonly associated with drug use by the school age child.
3. List parental and peer influences associated with the initiation and continuation of drug use by the school age child.
4. Identify components of the nursing health assessment which relate to the identification of drug use by the school age child.
5. Describe nursing interventions which utilize community and school programs and resources in prevention and treatment activities.
6. Identify referrals to social and community agencies in the provision of health teaching to children and their families.

Content Outline:

I. Patterns of drug use in school age children

- A. Types of drugs used
    - a. inhalants
    - 2. nicotine...smokeless tobacco, cigarettes
    - 3. alcohol...wine cooler, beer, liquor
    - 4. marijuana
    - 5. cocaine, crack
    - 6. caffeine

- B. Patterns of use

- C. Behaviors associated with drug use
    - 1. truancy
    - 2. behavioral disturbance
    - 3. school and social problems
    - 4. alienation from family
    - 5. antisocial behavior and legal problems

II. Familial and Social Contexts which influence drug use in school age children

- A. Parental drinking and drug use
- B. Peer influence
- C. Community norms
- D. Accessibility
- E. Family constellations and family dynamics
- F. School programs
- G. Support networks

III. Nursing assessment of the school age child

- A. Growth and development norms for the school age child

    - 1. psychosocial issues
    - 2. developmental tasks
    - 3. health needs

- B. Growth and development norms for the preadolescent

    - 1. psychosocial issues
    - 2. developmental tasks
    - 3. health needs

- C. Nursing roles with the school age child

    - 1. community
    - 2. institutional

IV. Prevention activities utilized with school age children.

- A. Drug education programs
    1. health teaching
    2. community organizations
    3. media and public service campaigns
- B. Family interventions
    1. child health maintenance
    2. referral to appropriate care providers and agencies

Recommended Teaching Strategies

Plan a health teaching session to address the child's needs in relation to drugs and alcohol.

Develop a nursing intervention using age appropriate teaching materials.

Review and critique media offerings designed for the school age child

Utilize role playing to maximize understanding of communication approaches to the school age child.

Lecture
Discussion
Attendance at Ala-teen and Al-Anon meeting
Utilize games such as the "Don't Start" game as a teaching strategy
Micro-teaching techniques.

Resources:

Module I.7 **Prevention of Alcohol and Other Drug Problems in the School Age Child**

Beauvais, F. & Oetting, E.R., (1988). Inhalant abuse by young children. Research Monograph No. 85. (DHHS publ. No. ADM88-1577). Washington, DC: NIDA.

Bingham, A. & Barger, J. (1985). Children of alcoholic families A group treaatment approach for latney age children. *Journal of Psycho-social Nursing and Mental Heralth Services, 23* (12), 13-5.

Bonagura, J. A., Rhonehouse, M., & Bonagura, E. W. (1988). Effectiveness of four school health education projects upon substance use, self-esteem and adolescent stress. *Health Education Quarterly, 15* (1), 81-92.

Frances, R. J. & Franklin, J. E. (1989). Primary prevention of alcohol and substance abuse. In J. Barten & S. Talbott (Eds.), *Primary prevention in psychiatry: The state of the art.* Washington, D.C.: American Psychiatric Press.

Globetti, G. (1988 Winter). Alcohol education and minority youth. *Journal of Drug Issues,* 115-129.

Goodwin, D. W. (1977). Genetric and Experiential antecedents of alcoholism: a prospectivve study. *Alcoholism: Clinical and Experimental Research, 1* (3), 259-265.

Greenspan, S. I. (1985). Research Strategies to Indentify Developmental Vulnerabilities for Drug Abuse. Research Monograph No.56 (p.136-54.) Washington, DC: NIDA.

Lewis, C. E., and Lewis, M. (1984). Peer pressure and risk-taking behaviors in children. *American Journal of Public Health, 74,* 580-584.

Oetting, E. R. & Beauvais, F. (1987), Spr.). Common elements in youth drug abuse: Peer clusters and other psychosocial factors. *Journal of Drug Issues,* 133-151.

Level II

Module 1. Fetal Effects of Maternal Drug Use

Placement: Maternal-Child Health, Family Development, Community Health

Time Allotment: 3 Hours

Description:

This module will assist the student of maternal-child health nursing to develop an understanding of maternal---fetal field interaction associated with drug and alcohol use and to formulate intervention strategies. Content on fetal drug effects, their identification in the neonate, and nursing activities to address drug effects, dependence and withdrawal will be presented. Strategies to address the health needs of mother and infant will be described and demonstrated.

Learner Objectives:
Upon successful completion of this module, the learner will:

1. Identify common licit and illicit drugs used during pregnancy which may impact on fetal development
2. Describe the impact of factors associating nicotine, cocaine, heroin, and alcohol use with potential fetal effects
3. Identify patterns in the neonate which suggest dependence or withdrawal of alcohol, or heroin
4. Identify neurological effects of maternal cocaine use on the fetus.
5. Implement nursing strategies to restore health in the drug dependent neonate
6. Implement health teaching directed toward prevention of fetal anomalies related to maternal drug use.
7. Implement nursing strategies with mother and infant to diminish drug related effects
8. Implement health teaching on parenting which promotes infant and family needs
9. Evaluate nursing strategies implemented with mother and infant in relation to maternal drug use

Content Outline:

I. Maternal drug use during pregnancy and the post-partum period

  A. Drugs used by pregnant and nursing women: Marijuana, cocaine, alcohol, heroin, nicotine, caffeine, amphetamine

  B. Incidence and prevalence of drug related fetal effects

  C. Factors associated with drug related fetal effects

II. Patterns of the neonate indicating presence of drug effects, dependence or withdrawal

  A. Fetal Alcohol Syndrome

    1. Assessment of patterns manifested by the neonate, including dependence and withdrawal
    2. Corroborative maternal alcohol/drug use history
    3. Implications for the immediate neonatal period
    4. Nursing strategies

  B. Effects of maternal cocaine use

    1. Assessment of patterns manifested by the neonate
    2. Corroborative maternal alcohol/drug history
    3. Implications for the immediate neonatal period
    4. Long and short term nursing strategies

  C. Heroin Dependence and Withdrawal

    1. Assessment of patterns manifested by the neonate
    2. Corroborative maternal alcohol/drug history
    3. Implications for the immediate neonatal period
    4. Nursing strategies

  D. Effects of maternal use of nicotine, caffeine, marijuana and other drugs on fetal development

III. Nursing Strategies related to Fetal Drug Effects

  A. Assessment

    1. comprehensive nursing assessment
    2. drug and alcohol history

3. the nurse-client relationship
    a. attitudes about maternal drug use
    b. establishing a trusting relationship

B. Prenatal teaching

C. Parent Education

1. the breast feeding mother
2. life style influences on family drug use
3. parental drug use
4. changed patenting patterns related to drug effects

D. Referral

1. referrals for counseling and/or mental theory
2. referral of heavy drinkers and substance abusers for treatment
3. utilization of community agencies and educational resources
    a. to extend supportive family networks
    b. to address social/emotional/health needs
    c. for prevention of further family dysfunction

Clinical Experiences:
Prenatal Clinics
Childbirth preparation
La Leche League
Foundling Hospital
Lamaze classes
Maternity Centers
Field Trips
    a. Planned Parenthood
    b. Hale House

Teaching Strategies:
Small Group Discussions
Role Playing
Nursing Assessment of the Neonate
Developmental Assessment:
    a. Denver Developmental
    b. Brazelton Scale
    c. Chess and Thomas Scales

Media:
Film
Videotapes

Resources: Module II. 1
Fetal Effects of Maternal Drug Use

Abel, E. L. (1984). Pharmacology of alcohol relating to pregnancy and lactation. Fetal Alcohol Syndrome and Fetal Alcohol Effects. (p. 29-45). New York: Plenum Press.

Acker, D. Sachs, M. D. Tracy, K. J. & Wise, W. E. (1983). Abruptio placenta associated with cocaine use. American Journal of Obstetrics and Gynecology, 146 (2), 120-221.

ANA (1988). Standards of addictions nursing practice with selected diagnoses and criteria. Kansas City, MO: Author.

Bingol, N., Schuster, C. & Fuchs, M. (1987). The influence of socioeconomic factors on the occurrence of fetal alcohol syndrome. Advances in Alcohol and Substance Abuse, 6 (4), 105-118.

Brooten, D. Peters, M. A., Glatts, M., Gaffney, S. E., etal. (1987). A survey of nutrition, caffeine, cigarettes and alcohol intake in early pregnancy in an urban clinic population. Journal of Nurse Mid-wifery, 32 (2), 85-90.

Bullard, I. D. (1983). Maternal and child nursing. In C. Vourakis & C. Bennett, etal. (Eds.), Substance Abuse: Perspectives. New York: J.Wiley.

Busch, D., McBride, A. B. & Benaventura, L. M. Chemical dependency in women: The link to OB/GYN problems. (1986). Journal of Psychosocial Nursing and Mental Health Series, 24 (4), 26-30.

Chasnoff, I. J., Burens, W. J., Schroll, S. H. & Burns, K. A. (1985). Cocaine use in pregnancy. The New England Journal of Medicine, 313 (11), 666-669.

Chasnoff, I. J. & Schnoll, S., Burns, W. J. & Burns, D. (1984). Maternal non-narcotic substance abuse during pregnancy: Effects on infant development. Neurobehavioral Toxicology and Teratology, 6 (4), 277-280.

Coles, C. D., Smith, I. E., etal. (1984). Neonatal ethanol withdrawal: Characteristics in clinically normal, nondysmorphic neonates. Journal of Pediatrics, 105 (3), 445-51.

Coles, C. D., Smith, I. E., Lancaster, J. S., & Falek, A. (1987). Persistence over the first month of neurobehavioral differences in infants exposed to alcohol prenatally. Infant Behavior and Development, 10 (1), 23-37.

Fox, N. L. Sexton, M. J. & Hebel, R. J. (1987). Alcohol consumption among pregnant smokers: Effects of smoking cessation intervention program. American Journal of Public Health. 77 (2), 211-113.

Fried, P. A., Buckingham, M. & Von Kuloniz, P. (1983). Marijuana use during pregnancy and perinatal risk factors. American Journal of Obstetrics and Gynecology, 146 (8), 992-994.

Golden, N. L., Kuhnert, B. R., Sokol, R. J., Martier, S. & Bagby M. S. (1984). Phencyclidine use during pregnancy. American Journal of Obstetrics and Gynecology, 148 (3), 254-259.

Golden, N. L., Sokol, R. T., Martier, S. & Miller, S. I. (1982). A practical method for identifying angel dust abuse during pregnancy. American Journal of Obstetrics and Gynecology, 142 (3), 359-361.

Goldstein, D. B. (1983). Note on fetal alcohol syndrome. In D. Goldstein (Ed.), Pharmacology of Alcohol. New York: Oxford.

James, J. E. & Paul, I. (1985). Caffeine and human reproduction. Reviews on Environmental Health, 5 (2), 151-67.

Lee, M.I., Stayker, J.C. & Sokol, R.J. Perinatal care for narcotic-dependent gravidas. Perinatology-Neonatology, 9 (6), 135-40.

Madden, J. D., Payne, T. F. & Miller, S. (1986). Maternal Cocaine abuse and effect on the newborn. Pediatrics, 77 (2), 209-211.

Minkoff, H., Nanda, D., Menez, R. & Fikrig, S. (1987). Pregnancies resulting in infants with Acquired Immunodeficiency Syndrome or AIDS-related Complex. Obstetrics and Gynecology, 69 (3), 285-87.

Rementeria, J. L. (1977). Drug abuse in pregnancy and neonatal effects. St. Louis, MO: C.V. Mosby.

Rosett, H. L. & Weiner, L. (1984). Alcohol and the fetus:A clinical perspective. New York: Oxford University.

Rosett, H. L. & Weiner, L. & Edelin, K. (1981). Strategies of prevention of fetal alcohol effects. Obstetrics and Gynecology, 57, 1-7.

Stone, M., Salerno, L. Green, M. etal. (1971). Narcotic addiction in pregnancy. American Journal of Obstetrics & Gynecology, 109, 716.

Stimmel, B., Goldberg, J. Reisman, A., Murphy, R., Teets, K. (1982-83). Fetal outcome in narcotic-dependent women: The importance of the type of maternal narcotic used. American Journal of Drug and Alcohol Abuse, 9 (4), 383-395.

Streissguth, A., LaDue, R. (1985). Psychological and behavioral effects in children prenatally exposed to Alcohol. Alcohol Health and Research World, 10, 6.

Streissguth, A. P., Clarren, S. K. & Jones, D. L. (1985 July 13). Natural history of the fetal alcohol syndrome: A 10 year followup of eleven patients. The Lancet. 85-91.

Watson, B., Fried, P. A. (1985). Maternal caffeine use before, during and after pregnancy and effects upon offspring. Neurobehavioral Toxicology Teratology, 7 (1), 9-17.

Weiner, L. & Rossett, H., Mason, E. (1985). Training professionals to identify and treat pregnant women who drink heavily. Alcohol, Health and Research World, 10, 32.

Audiovisual

Born Hooked. Views complex medical, social and ethical problems related to the pregnant drug addict and to the newborn suffering from narcotic withdrawal. Videocassette 13:30 minutes. Available in 16mm Film or Videocassette. March of Dimes Supply Division, 1275 Mamaroneck White Plains, New York, 10605.

Born with a Habit. Describes the pregnant addict, prenatal care, delivery problems and treatment of the addicted neonate. For rental or sale from Harvard Medical School, Mental Health Training Film Program, 58 Fenwood Road, Boston Mass. 02115.

Death of the High Risk Infant. Outlines stages of grieving and provides guidelines for assisting parents in their grief. Available from the American Journal of Nursing Company. Thirty minutes. Videocassette rental ($60) or sale $(250.).

Fetal Alcohol Syndrome. Discusses effects of alcohol on the fetus and fetal alcohol syndrome. Reviews techniques for diagnosis, detection and prevention. Available from Addiction Research Foundation, 33 Russell Street, Toronto, Canada M5S 251.

One for my Baby. Symptoms of FAS are reviewed as well as risk to unborn infants by virtue of mothers' drinking. Two families with children with the disorder are interviewed. Twenty-seven minutes. Film 16mm. Available from WHA-TV Marketing Dept., 821 University avenue, Madison, Wisconsin, WI 53706.

Level II

Module 2. **Impaired Practice By Health Professionals**

Placement: Professional Role Courses

Time Allotment: 3 Hours

Description:

This module provides an overview of impaired professional practice as it occurs in health professionals. Revalence of the problem in nursing, medicine and other health professions, identification and intervention, and legal and ethical implications are presented.

Learner Objectives:

Upon successful completion of this module, the learner will:

1. List the signs that indicate that work performance may be impaired due to the use of alcohol and/or drugs or psychiatric illness
2. Describe patterns of drug/alcohol dependence which occur among health professionals
3. Identify factors specific to the work setting which relate to health and contribute to substance abuse among health professionals
4. List the key components of intervention with practitioners whose practice is impaired
5. Describe legal regulatory methods to address impaired practice
6. Describe the ethical aspects of intervention with impaired practitioners
7. List resources for practitioners, administrators, employers and family members addressing drug/alcohol dependence in others
8. List voluntary professional organization activities in relation to impaired practice
9. Describe implications for the recovering professional on returning to the work place.

Content Outline:

I. Drug and alcohol use by health professionals

   A. prevalence of the problem
   B. issues of attitude and accessibility
   C. behaviors by the employer and co-workers which perpetrate substance abuse
   D. treatment and prognosis for health professionals
   E. supervisory management of the drug dependent worker

II. Administrative action
   A. administrative responsibilities
   B. interventions with nurses with drug, alcohol and psychiatric problems

III. Legal regulatory action in relation to impaired practice

   A. disciplinary action
   B. diversion legislation
   C. roles of state boards of nursing in monitoring and rehabilitation

IV. Ethical aspects of impaired practice

   A. provisions of professional codes
   B. ethical implications of intervention and reporting

V. Intervention and Peer Assistance by professional organizations

VI. Employment based resources to assist the practitioner with drug/alcohol problems
   A. employee assistance programs
   B. mechanisms for consultation and referral
   C. inservice education
   D. return to work contracts and provisions
      1. policies of voluntary organizations
      2. motivating peers to seek treatment
      3. peer assistance
      4. support groups

Recommended Teaching Strategies

Lecture
Materials about professional organization activities
Videotapes
Attendance at 12-step meetings
Interviews/presentations by recovering health professionals
Small groups
Role playing
Field trips or agency visits

Resources: Module II. 2
Impaired Practice by Health Professionals

American Nurses Association (1984). *Addictions and psychological, dysfunctions in nursing.* Kansas City, MO: American Nurses Association.

Assareh, S. (1987). Substance abuse testing in the workplace: A review. *American Association of Occupational Health Nursing Jourrnal 35, (5),* 204-9, 246-8.

Bissell, L.& Haberman, P. (1984). *Alcoholism in the professionals.* New York: Oxford University Press.

Bissell, L. & Royce, J. (1987). *Ethics for addiction professionals.* Center City, MN: Hazelden Foundation.

Bok, Sissela. Whistleblowing and Professional Responsibility, *New York University Education Quarterly, 11,* (4), 2-10.

Cannon, B. L. & Brown, J. S. (1988). Nurses' attitudes toward imparied colleagues. *Image, Summery 20*, 9-101.

Clark, M.D. (1988). The recovering nurse: the employment interview. *Nursing Management. 19*, 33-37.

Connell, C. C. & Murphy, J. F. (1987, Aug.). New dimensions of regulating the practice of professional nursing. *Nursing Management, 18* (8(, 62-64.

Cross, L. (1985). Chemical dependency in our ranks: managing a nurse in crisis. *Nursing Management, 16,* (11), 15-16.

Dogoloff, L. & Angarola, R. (1985). *Urine testing in the workplace.* New York: American Council for Drug Education.

Finagaretta, Herbert, et.al. (1978). Drinking on the Job, *Hastings Center Report, 8,* (6), 16-8.

Haack, M. & Hughes, T. (1987). *Addiction in the nursing profession: Approaches to intervention and recovery.* New York: Springer Publishing Company.

Harben, Kathryn. (1982). Three-step recovery model aids impaired nurses. *Hospital Employee Health, 1* (2), 24-7.

Hutchinson, S. A. (1987, Nov./Dec.). Toward self-integration: The recovery process of chemically dependent nurses. *Nursing Research, 36* (6), 339-343.

Hutchinson, A. (1986). Chemically Dependent Nurses: The trajectory of self-annihilation, *Nursing Research, 35* (4), 196-200.

Kilty, K. (1975) Attitudes toward alcohol and alcoholism among professionals and non professionals. Journal of Studies on Alcohol, 36, (3), 327-347.

Moore, G. & Hogan, R.L. (1987). Substance abuse and the nurse: A legal and ethical dilemma. Journal of Professional Nursing, 3, (1), 5.

Naegle, Madeline. (1985). Creative management of impaired nursing practice, Nursing Administration Quarterly, 9, 3, 16-26.

Naegle, Madeline. (April-May, 1985). Impaired Nursing Practice: Ethical and Legal Issues, Imprint (National Student Nurses' Association Magazine).

Smith, D.E. & Seymour, R. (1985). A clinical approach to the impaired health professional. International Journal of Addictions, 39, 1327-1332.

Strickland, S. (1986, Sept.). Critical health issues in the workplace...alcohol & substance abuse. Journal American Association of Occupational Health Nurses, 34 (9), 443-4.

Sullivan, E.J., Bissell, L. & Williams, E. (1987). Chemical dependency in nursing: The deadly diversion. Redwood City, CA: Addison-Wesley Publishing, Inc.

Sullivan E. (1987). Comparison of chemically dependent and non-dependent issues on familial, personal and professional characteristics. Journal of studies in Alcohol, 48 (6), 563-568.

Swenson, I., Havens, B. & Champagne, M. (1987). Interpretations of state board criteria and disciplinary procedures regarding impaired nurses. Nursing Outlook, 35, 108-10.

Veatch, D. (1987). When is the recovering impaired nurse ready to work? Journal of Nursing Administration, 17, (2), 14-16.

Audiovisual

Impaired Nursing Practice: Assessment and Intervention. Describes the phenomena and steps taken to address it by professional nursing organizations. Thirty minutes available from American Journal of Nursing Company. Videocassette rental or sale.
Prices. TBA.

Managing Job-related Stress. Emphasizes ways to prevent stress, and to provide support for employees. Available from American Journal of Nursing Company. Thirty minutes Film rental ($60) or sale ($350). Videocassette rental ($60) or sale ($250).

Level II

Module 3. **Addictions: Nursing Diagnosis and Treatment**

Placement: Adult Health, Psychiatric-Mental Health Nursing, Community Health

Time Allotment: 6 Hours

Description:

This module is designed to facilitate the student's understanding of the addictive process and its various manifestations in the adult client. Addiction to alcohol and drugs will be a primary focus, although appetitional disorders manifested in sexual overactivity, gambling and eating disorders will be addressed. Nursing diagnoses related to psychological and physiologic dependence and behavioral disturbances associated with addiction will be presented. Nursing interventions will be discussed and evaluated according to anticipated outcomes and in relation to nursing role.

Learner Objectives:

Upon successful completion of this module, the learner will:

1. Define central concepts of addiction and dependence
2. Describe the psychological dynamics and where applicable, the physiological mechanisms central to addiction to drugs,alcohol, compulsive gambling and sexual activity, and eating disorders.
3. List nursing diagnoses which correspond to patterns manifested by the individual addicted to or abusing drugs
4. Describe treatment modalities utilized with the individual abusing or addicted to substances or engaging in compulsive behavior
5. Formulate and evaluate nursing interventions utilized with the client and family when addiction and/or abuse is manifested
6. Describe nursing roles implemented by the generalists practitioner of nursing in the prevention, treatment and rehabilitation of the addicted client and family

Content Outline:

I. Addiction and dependence

   A. definitions
   B. psychological manifestations of addiction
   C. physiologic dependence on alcohol, classes of drugs, and nicotine
   D. addiction as manifested in compulsive behavior
   E. interpersonal manifestations of dependence
   F. the disease concept of addiction
   G. dual diagnosis and mixed addiction

II. Manifestations of addiction

   A. behavioral effects of alcohol and other drugs
   B. addictive gambling and sexual disorders
   C. related concepts in eating disorders
   D. common medical sequelae
   E. acute medical illness

III. Nursing diagnoses congruent with nursing and interprofessional classification systems

   A. diagnosis of actual and potential health problems
   B. diagnosis of health needs requiring nursing intervention

IV. Nursing intervention

   A. establishment of a plan of care based on nursing diagnosis
   B. definition of care goals specific to the individual
   C. identification of anticipated outcomes
   D. implements care independently, or in collaboration with peer or members of other disciplines

V. Generalists nursing roles

   A. education on addiction in the adult population
   B. roles implemented by the nurse in the acute and chronic care of the addicted individual and his/her family
   C. the role of the nurse in the long term rehabilitative care of the addicted or substance abusing client

Recommended Teaching Strategies

Lecture
Field trips to community agencies
Clinical placement in facilities specializing in the treatment of addicted client
Case studies

Resources

Module II. 3

Alexander, B. K. and P. Hadaway. (1982). Opiate addiction: The case for adaptive Orientation. Psychological Bulletin.

American Nurses' Association, DANA, NNSA. (1987). The Care of Clients with Addictions: Dimensions of Nursing Practice. Kansas City. MO: ANA.

American Nurses' Association (1988). Standards of addiction nursing practice with selected diagnoses and criteria. Kansas City, MO: Author.

Barbarin, O. (1979). Recidivism in drug addiction: A behavioral analysis. Addictive Behaviors, 4 (2), 121-132.

Bennett, G. Vourakis, C., & Woolf, D. (1983). Substance abuse: Pharmacological, developmental and clinical perspectives. New York: John Wiley.

Brill, L. (1977). The treatment of drug abuse: Evolution of a perspective. American Journal of Psychiatry, 134 (2), 157-160.

Burkhalter, P. Nursing Care of the Alcohol and Drug Abuser, New York: McGraw-Hill Co.

Cadoret, R. J. (1986) An adoption study of genetic and environmental factors in drug abuse. Archives of General Psychiatry, 43 (12), 1131-1136.

Childress, A. R. & McLellan, A. T. O'Brian, C. (1985). Behavioral Therapies for substance abuse. International Journal of American Psychiatric Association: Addictions, 20, (6&7), 947-969.

Diagnostic and Statistical Manual. (1987). Washington, D. C. American Psychiatric Association

DeLem, G. (1987). Alcohol use among drug abusers: Treatment outcomes in a therapeutic community. Alcoholism: Clinical and Experimental research, 11 (5), 430-436.

Dole, V. (1988 Nov. 25). Implications for Methadone maintenance for theories of narcotic addiction. JAMA, 260, 20.

Donovan, J. M. (1986). An etiologic model of alcoholism, American Journal of Psychiatry, 143 (1), 1-11.

Douglas, D. B. (1986). Alcoholism as an addiction: the disease concept reconsidered. Journal Substance Abuse Treatment, 3 (2).

Drew, L. R. H. (1968). Alcoholism as a self limiting disease. Journal of Studies on Alcoholism, 29, 956-967.

Estes, M. and Heinemann. (1980). Alcoholism: Development, consequences and interventions.

Fleming, J. P. Kellam, S. G. etal. (1982). Early predictions of age at first use of alcohol, marijuana and cigarettes. Drug & Alcohol Dependence, 9 (4), 285-303.

Frances, R. & Franklin, J. (1989). Concise guide to alcoholism and addiction treatment. New York: AAPI Press.

Galanter, M. (Ed). (1984). Recent Developments in Alcoholism. Vols. I, II. New York: Plenum.

Galanter, (1983). Psychotherapy for alcohol and drug abuses. An approach based on learning theory. Journal of Psychiatric Treatment and Evaluation, 5, (6) 551-56.

Haack, M. (1986). The patient with chemical addiction. In J.D. Durham & S. B. Harden (Eds.) The nurse psychotherapist in private practice (p. 173-186). New York: Springer.

Hasin, D., Grant, B. & Endicott, J. (1988). Treated and untreated suicide attempts in substance abuse patients. Journal of Nervous and Mental Diseases, 176 (5), 289-94.

Kaplan, C. The psychoanalytic theory of addiction: A reevaluation by use of a statistical model. American Journal of Psychoanalysis, 38 (4), 317-326.

Lettieri, D. (1978). Drugs and suicide: When other coping strategies fail. Beverly Hills, CA: Sage.

Litman, G., Eiser, J. & Taylor, C. Dependence, relapse and extinction: A theoretical critique and a behavioral examination. Journal of Clinical Psychology, 35 (1), 192-199.

Magilvy, J. K., McMahon, M., Bachman, M., Roark, S., Evenson, C. (1987). The health of teenages: A focused ethnographic study. Public Health Nursing, 4 (1), 35-42.

Marlatt, G., Alan and P. Nathan, (1978). Behavioral Approaches to Alcoholism. New Brunswick, N.J.: Rutgers University Center for Alcohol Studies.

Matthew, R. and Korman, M. (1981). Abuse of inhalants: Motivation and consequences. *Psychological Reports, 49* (2), 519-526.

Mello, Nancy (1979). An examination of some etiologic theories of alcoholism. *Academic Psychology Bulletin, 4* (4), 467-474.

Mendelsohn, J. and N. Mello. *The diagnosis and treatment of alcoholism.* New York: McGraw-Hill.

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Stall, R. (1984). Disadvantages of eclecticism in the treatment of alcoholism: The problems of recidivism. Journal of Drug Issues, 14 (3), 437-448.

Thurston, B. A. (1986). Substance abuse: the drug dependencies. In B. S. Johnson (Ed.), Psychiatric-mental health nursing: Adaptation and growth. New York: J. B. Lippincott.

Vetter, H. J. (1985). Psychodynamic factor's and drug addiction: Some theoretical and research perspectives. Journal of Drug Issues, 15 (4), 447-461.

Wallace, B. C. (1987). Cocaine dependence treatment on an in-patient detoxification unit. Journal of Substance Abuse Treatment, 4 (2), 85-91.

West, R. J. & Russell, M. A. (1985). Dependence on nicotine chewing gum. JAMA, 256 (23), 3214-3215.

Whitfield, C. (1982). The patient with alcoholism and other drug problems., Chicago: Yearbook Medical Publishers.

Wolkowitz, O. and Roy, a. and Doran, A. (1985). Pathologic gambling and other risk-taking pursuits. Special Issues: Self-destructive behavior. Pschiatric Clinics of North America, 8 (2), 311-322.

Wurmser, L. (1978). The hidden dimension: Psychodynamics in compulsive drug use. New York: J. Aronson.

Audiovisual Resources: Addictions

Aspects of Alcoholism discusses the clinical definition of alcoholism and outlines the symptoms and diagnostic criteria. Illustrates the important genetic factor. Describes the physical complications, particularly central nervous system damages, Korsakoff's disease and alcoholic dementia and discusses treatment alternatives. Available from U.S. National Audiovisual Center, 8700 Edgeworth Drive, Capitol Heights, MD. 20743

Before Christmas: Alcoholism. Portrays nurse's role in the detection, assessment, and treatment of alcoholism. Made in conjunction with Alcoholics Ananymous. Available from American Journal of Nursing Company. Thirty minutes, videocassette, rental ($60) or purchase ($275).

Cocaine: Beyond the Looking Glass. Recovering addicts share their stories. Emphases on twelve step programs. Available from Hazelden Educational Materials. Twnety-eight minutes, Film rental ($70) or purchase ($475) Videotape rental ($70) or purchase ($425).

The Depressed Client. vignettes demonstrating various degrees of depression and guidelines for nursing intervention. Available from the American Journal of Nursing. Thirty-one minutes. Film rental ($60) or sale ($350) or videocassette rental ($60), or sale ($250).

The Drug Abuse Patient. Outlines nurses' needs for knowledge in this area and management of the client's behavior. Available from American Journal of Nursing Company. Seventeen minutes. Videocassette for rental ($40), or sale ($200).

The Inebriated Patient. Outlines nursing management of acute intoxication for depressants. Available from American Journal of Nursing Company. fifteen minutes. Videocassette, purchase ($200) or rental ($40).

The Manipulative Client. A review of psychodynamics of manipu lative behavior which offers three examples including one involving a drug abuser. Available from American Journal of Nursing Company. thirty minutes. Film rental ($60) or sale ($350), or videocassette rental ($60) or sale ($250).

Psychotherapeutic Interview. Demonstrates assessment and establishment of a therapeutic one-to-one relationship. Available from American Journal of Nursing Company. Thirty minutes. Film or cassette, Rental ($60), purchase film ($350), cassette ($250).

The Suicidal patient. Outlines patient's needs and management of the emergency situation. Available from the American Journal of Nursing Company. Fifteen minutes. Videocassette, Purchase ($200) or rental ($40).

Level II

Module 4. **Nursing Care in Acute Intoxication**

Placement: Adult Health, Acute Adult Illness, Psychiatric-Mental Health

Time Allotment: 3 Hours

Description:

This module will assist the student in developing an understanding of physiologic and psychological patterns associated with ingestion of alcohol and other drugs. Nursing interventions to address physiologic and psychologic crisis states resulting from the ingestion of classes of drugs will be presented.

Learner Objectives:

Upon successful completion of this module, the learner will:

1. Describe signs and symptoms of intoxication from alcohol and other drugs
2. List nursing diagnoses which correspond to the human responses precipitated by acute intoxication
3. Identify clinical skills utilized in acute care of the intoxicated client
4. Formulate and evaluate nursing interventions with human responses in acute intoxication
5. Describe anticipated outcomes of nursing interventions with the intoxicated client
6. Utilize consultation and referral as appropriate.

Content Outline:

I. Signs and Symptoms of Acute Intoxication

    A. Central Nervous System depressants
    B. Central Nervous System stimulants
    C. Narcotics
    D. Hallucinogens
    E. Phencyclidines
    F. Volatile Inhalants
    G. Marijuana

II. Nursing Intervention

A. Assessment

1. cardiovascular and respiratory systems
2. brief mental status
3. brief history
4. data collection

B. Establish Nursing Diagnoses

C. Nursing Intervention

1. Implement nursing regimen to address physiologic needs.
    a. perform nursing assessment as appropriate
    b. monitor vital signs
    c. implement seizure precautions
    d. provide safe, non-stimulating environment
    e. monitor intake and output

2. Implement nursing regimen to address psychosocial needs
    a. orient client to reality as necessary
    b. decrease sensory stimulation
    c. create an accepting and supportive emotional climate
    d. administers pharmacologic agents as indicated

3. Evaluate potential for long term care
    a. assess potential for referral
    b. obtain consultation as necessary
    c. provide health teaching as appropriate
    d. refer to institutional or community resources

Recommended Teaching Strategies

Lecture
Clinical placement
Case studies
Media

Resources:

Module II.4 Nursing Care in Acute Intoxication

American Nurses' Association. (1988). Standards of addiction nursing practice with selected diagnoses and criteria. kansas City, Mo: Author.

American Psychiatric Association. (1987). Diagnostic and Statistical Manual. Washington, DC: American Psychiatric Association.

ANA (1988). Standards of addiction Nursing practice with selected diagnoses and criteria. Kansas City, Mo.

Ansbaugh, P. (1977). Emergency management of intoxicated patients with head injuries. Journal of Emergency Nursing, 3 (3), 9.

Anderson, W. H., Kuchnli, J. C. (1981). Diagnosis and early management of acute psychosis. New England Journal of Medicine, 305, 112.

Aranow, R. et.al. (1978). Phencyclidine overdose: An emerging concept of management. Journal of American College Emergency Physicians. 7, 56.

Corales, R. L. et al. (1980). Phencyclidine abuse mimicking head injury. JAMA, 243 (22), 2323.

Di Sclafani, A., II, Hall, R. C. W. & Gardner, E. R. (1981). Drug induced psychosis: Emergency department diagnosis and management. Psychosomatics, 22, 845.

Estes, N. and M. E. Heinemann (1982). Alcoholism: Development, consequences and interventions. St. Louis: C.V. Mosby.

Gillham, M. D., Southworth, K. & Dollabite, J. (1986). Nutritional treatment for the alcoholic patient. Critical Care Quarterly, 8 (4), 20-8.

Hornbacker, A. E. (1986). Hematologic disorders in the critically ill alcoholic. Critical Care Quarterly, 8 (4), 29-39.

Johnson, D. (1986). Fluid and electrolyte dysfunction in alcoholism. Critical Care Quarterly, 8 (4), 53-62.

Lipkin, G. B. & Cohen, R. (1986). Effective approaches to patients' behavior. New York: Springer Co.

Pisarcik, G. (1981). The violent patient. Nursing, 11 (9), 63.

Rada, R. (1981) The violent patient: Rapid assessment and management. Psychosomatics, 22, 101.

Resnick, H.L.P. & Ruben, H. L. (1975). Emergency psychiatric care. Bowie, MD: The Charles Press.

Ricci, J. A. (1987). Alcohol-induced upper GI hemorrhage: Case studies and management. Critical Care Nursing, 7 (56), 58-68.

Richards, M. L. et al. (1979). Phencyclidine psychosis. Drug Intelligence Clinical Pharm, 13, 336.

Schenck, E. A. (1987). Substance abuse. In W. Phipps, B. Long & N. Woods (Eds.), Medical surgical nursing: Concepts and practice. St. Louis: C.V. Mosby.

Audiovisual

Drug Emergencies. Demonstrates interpersonal and medical skills for overdose from alcohol and PCP, cocaine and cannibis. Available on Loan ($5) from National Library of Medicine, Collection Access Section, 8600 Rockville Pike, Bethesda, 20894. For purchase, contact Network for continuing Medical Education, 1 Harmon Plaza, Secaucus, NJ 07094. videotape, 3/4" 20 minutes.

Care of Substance Abuse Patients. Demonstrates the handling by emergency personnel of various drug abusing individuals before their transfer to a hospital. Available from Great Plains Instructional TV Library. University of Nebraska, PO. Box 80669 Lincoln NB 68501.

Level II

Module 5. **Nursing Care in Withdrawal**

Placement: Adult Health, Acute Adult Illness, Psychiatric-Mental Health

Time Allotment: 3 Hours

Description:

This module will assist the student in developing an understanding of the physiologic and psychologic responses manifested by the individual withdrawing from states of drug and alcohol dependence. Nursing interventions in the acute phases of withdrawal will be presented and the implications for long term care and rehabilitation will be reviewed.

Learner Objective:
Upon successful completion of this module, the learner will:

1. Describe signs and symptoms of withdrawal from alcohol and other drugs
2. List nursing diagnoses which correspond to human responses in withdrawal from alcohol and other drugs
3. Identify nursing skills utilized in the care of the client withdrawing from alcohol and other drugs
4. Formulate and evaluate nursing interventions with the client withdrawing from alcohol and other drugs
5. Describe anticipated outcomes of nursing intervention with the client withdrawing from alcohol and other drugs

Content Outline:

I. Signs and symptoms of drug withdrawal
    A. Physiologic mechanisms of drug dependence withdrawal from classes of drugs
    B. Psychologic states associated with withdrawal
        1. Central Nervous System depressants
        2. Central Nervous System stimulants
        3. Narcotics

II. Nursing intervention
    A. Assessment
        1. nursing history

    2. nursing examination
    3. data collection

B. Establish Nursing Diagnoses

C. Intervention
    1. Address acute physiologic crisis
    2. Assess psychologic state
    3. Communication
        a. establish a short term trusting relationship
        b. gather data on drug history
    4. Interventions for behavioral disturbance
        a. offer emotional and psychological support
        b. provide a safe, non threatening environment
        c. administer pharmacologic agents and antidotes as appropriate
        d. utilize interpersonal supports as indicated
        e. monitor physiologic manifestations

    5. Following crisis intervention, evaluate need and potential for referral:
        a. discuss potential referrals with client
        b. obtain consultation as necessary
        c. refer to institution and/or community agencies

Recommended Teaching Strategies

Lecture
Clinical Placement
Case Study

Resources:

Module II.5 **Nursing Care of Withdrawal from Alcohol and other Drugs**

ANA, (1984). Standards of addiction nursing practices with selected diagnoses and criteria. Kansas City: MO.

The hospitalized alcoholic. (1982, Dec.). American Journal of Nursing Programmed Instruction. 82, 1861-1879.

Bissell, L. (1971). Guidelines to management of alcohol withdrawal. New York: National Council on Alcoholism.

Bluhm, J. (1981, Feb.). When you face the alcoholic patient. Nursing 81, 71-73.

Busby, H. C. & Sieffort, W. (1982). Acute gastrointestinal bleeding. In Critical Care Nursing. Phila: J. B. Lippincott.

Busto, V., Seller's, E. M., Naranjo, C. A., Cappell, H., etal. (1986). Withdrawal reaction after long term therapeutic use of benzodiazepines. New England Journal of Medicine, 315, 854-859.

Charney, D. S., Riordan, E. E. & Kleber, H. D. etal. (1982). Clonidine & naltrexone. A safe, effective & rapid treatment of abrupt withdrawal from methadone therapy. Archives of General Psychiatry, 39, 1327-1332.

Estes, N. & Heinemann, E. (1982). Alcoholism, development, consequences and intervention. St. Louis: C.V. Mosby.

Giannini, A. J. (1982). Handbook of overdose and detoxification emergencies. New Hyde Park, NY: Medical Examination Publication.

Gottheil, E. and McLellam, T. and Druley, K. (1981). Matching patient needs and treatment methods in alcoholism and drug abuse. Springfield, IL: Charles C. Thomas.

Greenblatt, D. J. & Shader, R. I. (1975). Treatment of the alcohol withdrawal syndrome. In R. I. Shader, (Ed.), Manual of psychiatric therapeutics: Practical psychopharmacology and psychiatry. Boston: Little Brown.

Henningfield, J. (1984). Pharmacologic basis and treatment of cigarette smoking. Journal of Clinical Psychiatry, 45 (12) (Pt. 2), 24-34.

Hoff, L. A. (1984). People in crisis: Understanding and helping. New York: Addison-Wesley.

Kelly, F. M. (1986). Caring for the patient in acute alcohol withdrawal, Critical Care Quarterly, 8 (4), 11-9.

McManus, M. E. & Moisan, D. (1982). Drug and poison overdose. In Critical Care Nursing. Phila. J. B. Lippincott

Schenck, E. (1987). Substance abuse. In. W. Phipps, B. Long, & N. Woods (Eds.), Medical-Surgical Nursing: Concepts and Practices. St. Louis: C. V. Mosby.

Sheehy, S. B. & B. J. (1986). Emergency nursing: Principles and practice. St. Louis: C. V. Mosby.

Stuart, g. W. & Sundeen, S. J. (Eds.). (1987). Principles and practice of psychiatric nursing (pp. 616-648). St. Louis: C.V. Mosby.

Level II

Module 6. **Drug Misuse and Dependence in the Elderly**

Placement: Adult Health, Community Health, Psychiatric-Mental Health Nursing

Time Allotment: 3 Hours

Description:

This module will assist the student in identifying drug using patterns commonly encountered in elderly clients. Patterns of misuse of prescription, over-the-counter drugs and alcohol will be described. Attitudes and behaviors specific to the elder client will be emphasized, as well as physiologic characteristics which potentiate drug effects. The influence of life patterns common to the elder client will be discussed and the formulation of nursing interventions described.

Learner Objectives:

Upon successful completion of this module, the learner will:

1. Describe attitudes and factors which influence drug use in the elderly.
2. Describe patterns of drinking, drug misuse and drug abuse common to elder clients.
3. Describe problems of overreliance on medication observed in institutionalized and community based elderly clients
4. Identify physiologic and psychologic patterns aging which differentiate therapeutic outcomes from dysfunctional drug use.
5. List behavioral effects observed in elderly clients who are alcohol or drug dependent.
6. Identify health problems of the elderly associated with drug and alcohol use
7. Formulate nursing interventions related to drug and alcohol use in elderly age groups.

Content Outline:

I. Drug and alcohol use in elderly populations:

    A. Commonly held attitudes among elderly (65+) clients regarding medication, alcohol, and other drug use.

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B. Health care practices in prescribing and drug administration which influence drug use in elderly clients

C. Patterns of drug use, misuse and dependence in elderly clients

D. Attitudes of health care providers about elders' drug use/abuse
  1. Differentiating patterns of use, abuse, misuse and dependence
    a. over-the-counter medication
    b. prescription drugs
    c. alcohol
    d. other drugs
    e. drug interactions

  2. Classification of patterns of misuse and dependence among the elderly.

II. Influence of life style factors on drug use.

A. Loss
B. Socio-economic factors
C. Living arrangements

III. The impact of drug and alcohol use on health patterns of the elderly client

A. Physiologic and psychologic factors which influence the outcomes of drug and alcohol use, abuse and dependence
B. Behavioral signs and symptoms secondary to drug abuse.
C. Health problems associated with alcohol and drug misuse and dependence
D. nursing interventions with the elderly client which address alcohol and drug use patterns
  1. assessment
  2. health teaching
  3. evaluation of nursing care

Recommended Teaching Strategies

Lecture
Audiovisual and media resources
Home visits
Clinical placements in community agencies, nursing homes
Case studies

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Resources: Module II.6
Drug Misuse and Dependence in the Elderly

Abrams, R. C. & Alexopoulos, G. S. (1987). Substance abuse in the elderly: Alcohol and prescription drugs. *Hospital and Community Psychiatry, 38 (*12), 1285-1287.

American Nurses' Association, DANA, NNSA. (1987). The Care of clients with addictions: Dimensions of nursing practice. Kansas City, Mo: Author.

American Nurses' Association (1988). Standards of addiction nursing practice with selected diagnoses and criteria. Kansas City, Mo: Author.

Atkinson, R. M. (1984). Substance use & abuse in late life. In R. M. Atkinson (Ed.), *Alcohol & drug abuse in old age* (pp. 1-21). Washington, DC: Am. Psychiat. Press.

Beatie, B. L. & Sellers, E. M. (1979). Psychoactive drug use in the elderly:The pharmokinetics. *Psychosomatics, 20,* 474-479.

Brody, J. A. (1981). Epidemiological characteristics of alcohol in relation to age. *Advances in Alcoholism, 2,* 7.

Brogatta, E. F., Montgomery, R. J. V. & Brogatta, M. L. (1982). Alcohol use & abuse, life crisis events, and the elderly. *Research in Aging, 4,* 378-408.

Brown B., & Chiang, C. P. (1983-4). Drug and alcohol abuse among the elderly: Is being alone key? *International Journal of Aging and Human Development, 18,* 1-12.

Chien, C. P., Townsend, E. J. & Ross-Townsend, A. (1978). Substance use and abuse among the community elderly: The medical aspect. *Addictiction Diseases, 3,* 357-372.

Cotton, P. G. Beno-Kociemba, A. & Kelly, C. E. (1978). A community program for elderly hospital patients. *Journal of Geriatric Psychiatry 11,* 217-230.

Crandall, R.C. (1980). Aged alcohol abuser. *Catalyst, 1 (*3), 56-63.

Ellor, J. K. & Kurz, D. J. (1982). Misuse and abuse of prescription drugs by the elderly. *Nursing Clinics of North America, 17,* 319-330.

Etemad, B. (1980). Alcoholism and aging. In J. H. Masserman (Ed.), *Current psychiatric therapies* (pp. [illegible]-114). NY: Grune & Stratton.

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Finlayson, R. E. (1984). Prescription drug abuse in older persons. In R. M. Atkinson (Ed.), *Alcohol & drug abuse in old age* (pp.61-70). Washington, DC: Am. Psychiat. Press.

Gerbino, P. P. (1982). Complications of alcohol use combined with drug therapy in the elderly. *Journal of American Geriatric Society, 30,* (11, Suppl.), 88-92.

Giannini, A. J. (1988). Drug abuse and depression: Possible models for geriatric anorexia. *Neurobiology of Aging, 9* (1), 26-27.

Giordano, J. A. & Beckham, K. (1985, Fall). Alcohol use and abuse in old age: An examination of type II alcoholism. *Journal of Gerontologiuc Social Work, 9* (1), 65-83.

Greenblatt, D. J., Sellers, E. M. & Shader, R. I. (1982). Drug therapy: Drug disposition in old age. *New England Journal of Medicine, 306,* 1081-1088.

Gulino, C. & Kadin, M. (1986). Aging and reactive alcoholism. *Geriatric Nursing, 7* (3), 148-51.

Kofoed, L. L. (1984). Abuse & misuse of over-the-counter drugs: By the elderly. In R. M. Atkinson (Ed.), *Alcohol & drug abuse in old age* (pp. 49-59). Washington, DC: Am. Psychiat. Press.

Lamy, P. P. (1980). Misuse & abuse of drugs by the elderly. In R. Faulternberry (Ed.), *Drug problems of the 70's, Solutions for the 80's.* (pp. 161-166). Lafayette, LA: Endac Enterprises.

LaSage, J. (1982). Drug therapy in long term facilities. *Nursing Clinics of North America 17,* 331-340.

Lasker, M. N. (1986). Aging alcoholics need nursing help. *Journal of Gerontological Nursing, 12 (1),* 18-19.

Lesnoff-Caravaglia, G. (Ed.). (1980). *Health care of the elderly: Strategies for prevention and intervention.* NY: Human Sciences.

Lundin, D. V. (1978). Medication taking behavior of the elderly: A pilot study. *Drug Intell. Clin. Pharm.,* 518-522.

Meyers, A., Hingston, R., Mucatel, M., and Goldman, E. (1982). Social and psychological correlates of problem drinking in old age. *Journal of the American Geriatrics Society, 30,* 452-456.

Morrant, J. C. A. Use and abuse of psychoactive drugs in the [illegible]. *Canad. [illegible] Assoc.* [illegible]

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Norwark, C..A. (1985). Life events and drinking behavior in later years. In E. Gottheil, K.A. Druley, T.E. Skoioda & H.M. Waxman (Eds.). *The Combined Problems of Alcoholism Drug Addiction and Aging* (pp. 37-50). Springfield: Charles Thomas.

Nelson, R. A. (1982). Use and misuse of vitamins in the elderly. *Geriatric.,* 37, 138-140.

Pettee, J. (1982). Uncovering the "hidden alcoholic." *Geriatric., 37,* 145-146.

Peterson, D. M. (1978). Introduction: Drug use among the aged. *Addict. Dis., 3,* 305-309.

Richelson, E. (1984). Psychotropics and the elderly: Interactions to watch for. *Geriatr., 39* (12), 30-36, 39-42.

Sanberg, P. & Krena, R.M.T. (1986). *Over the counter drugs.* NY:Chelsea House.

Schuckit, M. (1982). A clinical review of alcohol, alcoholism and the elderly patients. *J. Clin. Psychiat., 43,* 396-399.

Sellers, E. M., Frecker, R. C. & Romach, M. K. (1983). Drug metobolism in the Elderly: Confounding of age, smoking and ethanol effects. *Drug Metobolism Review, 14,* 225-250.

Shuckit, M. A., Atkinson, J. H., Miller, P. L. & Berman, J. (1980). A three-year follow-up of elderly alcoholics. *Journal of Clinical Psychiatry, 41,* 412-416.

Schuckit, M. A., Morrissey, E. R. & O'Leary, M. R. (1978). Alcohol problems in elderly men and women. *Addictive Diseases, 3,* 405-416.

Shomaker, D.M. (1980). Use and abuse of OTC medications by the elderly. *J. Geront. Nsg., 6,* 21-24.

Simon, A. (1980). The neuroses, personality disorders, alcoholism, drug use and misuse, and crime in the aged. In J. Birren and R. B. Sloan (Eds.), *Handbook of Mental Health and Aging.* Englewood Cliffs NJ: Prentice-Hall, 653-670.

Stall, R. (1987). Research issues concerning alcohol consumption among aging populations. *Drug & Alc. Dep. 19,* (3), 195-213.

Ward, R.A. (1981-82). Aging, the use of time and social change. *The International Journal of Aging and Human Development, 14,* [illegible]-185.

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Watts, J. P. (1984). Alcohol problems in the elderly. *Journal of American Geriatrics Society, 45,* 417-428.

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Audiovisual

Aging: The Losses. Covers losses of family and friends, changed life styles and economic and role adjustments. Available from the American Journal of Nursing Company. Thirty minutes. Film rental ($60.) or purchase ($350.) or Videocassette rental ([illegible]0.) or purchase ($250.).

Medicating the Elderly. Problems specific to drug use and misuse in the elderly; includes physiologic aspects of aging and its therapeutic implications. Available from the American Journal of Nursing Company. Twenty-eight minutes. Videocassette rental ($60.) or purchase ($275.).

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Level II

Module 7. **Drug and Alcohol Problems in Special Populations**

Placement: Community Health, Nursing Care of the Adolescent, Psychiatric-Mental Health, Adult Health

Time Allotment: 3 Hours

Description:

This module is designed to promote student recognition and understanding of drug and alcohol use patterns in selected populations at high risk and/or manifesting a high prevalence and atypical needs. Identification of special population groups and their characteristics residing in institutions and the community is emphasized.

Learner Objectives:

Upon successful completion of this module, the learner will:

1. Describe the prevalence of drug and alcohol dependence and related health deviations in special population groups, including ethnic minorities, intravenous drug users and women.

2. Describe patterns of drug and alcohol use in relation to social and cultural traditions as well as life style factors.

3. Develop an awareness of the impact of health policy on drug and alcohol problems in special populations

4. Identify trends in society which impact on drug and alcohol related problems in special populations.

5. Describe multiple factors which interact to result in health deviations secondary to dependence on drugs and alcohol.

6. List factors which influence the accessibility of resources to special population groups.

Content Outline:

I. Drug and alcohol use in groups at risk: ethnic minorities
    A. Prevalence of alcohol and drug use and dependence in ethnic minorities
    B. Patterns of drug and alcohol use in each of the above populations
        1. drugs commonly used

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   2. use patterns by age group
- C. Cultural factors and traditions which influence drug use patterns
- D. Social and economic factors as shaping influences
- E. Health problems secondary to alcohol and drug dependence
- F. Access to institutional and community base treatment

II. Intravenous Drug Users

- A. Prevalence of intravenous drug use
- B. Patterns of intravenous drug use and other drug use
- C. Social and community factors which influence the prevalence of intravenous drug use
- D. Social responses in the community and health care delivery system to I.V. drug abusers.
- E. Health risks and health deviations secondary to intravenous drug use

III. Women

- A. Prevalence of alcohol and drug use and dependence in women
- B. patterns of drug and alcohol use and dependence
    1. gender related differences
    2. drugs used
    3. onset of dependence
- C. factors which influence drug using patterns and social responses to women with drug and alcohol problems
- D. institutional and community resources
- E. treatment implications.

Recommended Teaching Strategies

Clinical placement in drug and alcohol treatment centers and community agencies
Lecture
Small groups discussion
Attitude assessment
Role playing Micro-teaching
Seminars

Level II

Module 8. **Nursing Care of Drug and Alcohol Problems in Special Populations**

Placement: Community Health, Nursing Care of the Adolescent, Psychiatric-Mental Health, Adult Health

Time Allotment: 3 Hours

Description:

This module is designed to promote students' abilities to deliver nursing care to special groups with atypical needs and high prevalence related to drug and alcohol problems. Assessment of groups with drug and alcohol related health deviations residing in institutions and communities will be central to learning. Nursing interventions based on nursing diagnoses will be formulated and evaluated with consideration of life style and health related factors which impact upon these groups.

Learner Objectives:

Upon successful completion of this module, the learner will:

1. Describe health deviations associated with drug and alcohol problems in specific populations
2. Identify client needs related to health deviations in association with drugs and alcohol.
3. Formulate nursing diagnoses in response to needs of individuals and groups with health deviations
4. Provide direct nursing care to clients and groups in relation to drugs and alcohol
5. Utilize institutional and community resources in the delivery of direct client care
6. Recognize policies and trends within the health care delivery system which influence nursing care.
7. Evaluate nursing intervention in response to drug and alcohol related health deviations manifested in certain groups.

Content Outline:

I. Analyzing drug and alcohol use in specific populations

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    A. Cultural groups and ethnic minorities
    B. Intravenous drug users
    C. Women
    D. Elderly
    E. Homeless
    F. Drug abusing white males

II. Identification o health care needs in specific populations

    A. Defining alcohol and drug specific needs
    B. Factors influencing client and group behavior in relation to health care problems
    C. Nursing diagnoses of drug and alcohol problems in specific populations

III. Implementation of Nursing Intervention

    A. Community factors which influence care delivery
    B. Prevention of alcohol and drug related problems
    C. Care delivery with specific groups
    D. Evaluation of care provision in reponse to specific population needs.

Recommended Teaching Strategies

Clinical placement in drug and alcohol treatment centers and community agencies
Lecture
Small groups discussion
Attitude assessment
Role playing
Micro-teaching
Seminars

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Module II. 7&8

Special Populations

GENERAL

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Module II.7&8

Special Populations

ETHNIC MINORITIES

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Special Populations

HOMELESS

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Young, T. J. (1987). Inhalant use among American Indian youth. *Child Psychiatry and Human Development, 18* (1), 36-46.

Special Populations

AUDIOVISUALS

Checking It Out: Discusses teenage drinking, presenting interviews with teenage alcoholics, psychiatrists, and parents of an alcoholic. Shows scenes of Pilsen Barrio, a Latino-dominated section of south Chicago that resembles a town on the U.S.-Mexican border. Presented in English and Spanish with English subtitles. 30 minute videocassette, Great Plains Instructional TV Library, University of Nebraska, P.O. Box 80669, Lincoln, NE 68501.

Special Populations

IV DRUG USERS

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Module II. 7&8
Special Populations: Women

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Audiovisual

The Last to Know. A thirty minute dramatization of womens' experience with addiction. Available from New York State Council on Alcoholism.

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DRAFT

PROJECT SEAN
SUBSTANCE ABUSE EDUCATION IN NURSING

MASTERS' LEVEL MODULES

CONTRACT NO. ADM 281-88-008

NEW YORK UNIVERSITY
DIVISION OF NURSING

Madeline Naegle, Ph.D., R.N.
Project Director

New York University
Division of Nursing

Project SAEN
Substance Abuse Education in Nursing

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Level III Modules: Masters' Level

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2. Patterns of Addiction in the Family

3. Nursing Strategies with Drug and Alcohol Problems in the Family

4. Research Perspectives on Alcohol and Drug Problems

5. the Role of the Nurse on the Interdisciplinary Treatment Team

6. Impaired Professional Practice: Management Issues

7. Perspectives on Drug and Alcohol Problems

8. Nursing Strategies with the Client with Alcohol and Drug Problems

NEW YORK UNIVERSITY
DIVISION OF NURSING

Project SAEN
Substance Abuse Education in Nursing

The following **Terminal Objectives** have been formulated in relation to alcohol and drug education at the **Masters' Level**. On completion of required courses of study, the learner will:

1. Select contemporary theories from nursing and from the basic sciences to develop strategies for individuals at risk for the development of drug and/or alcohol problems.
2. Utilize advanced nursing knowledge about alcohol and other drugs to design and evaluate nursing strategies for individuals, groups and families.
3. Utilize findings derived from drug and alcohol research to formulate theory based approaches to nursing practice.
4. Utilize findings derived from drug and alcohol research to formulate theory based approaches to nursing practice.
5. Synthesize knowledge from research related to drug and alcohol use for education and delivery of nursing services.
6. Demonstrate independent decision making through nursing interventions with clients and families experiencing drug and alcohol problems.
7. Utilize knowledge of cultural and societal trends, ethical and legal factors and health policy related to alcohol and drug use for formulating strategies for health education and health care.

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Level III

Module 1. Group Modalities In The Care Of Clients With Drug And Alcohol Problems

Time Allotment: 3 Hours

Description:

Group approaches in the care of clients and families with drug and alcohol problems will be presented. Patterns of addiction will guide the formulation of theory based interventions. Education, counseling and psychotherapeutic needs specific to families and groups with drug and alcohol problems will be explored and evaluated.

Objectives: On successful completion of the module, the learner will:

1. Describe theory based group approaches utilized with drug and alcohol dependent clients and their families
2. Discuss group approaches which utilize peer sanctions in shaping client behaviors
3. Explain the use of group strategies directed toward alterations in recurrent patterns of addictive behavior
4. Analyze key components of the nurse leader role in group approaches to alcohol and drug dependent clients and families
5. Evaluate group interventions with clients with drug and alcohol problems

Content Outline:

I. Theories underlying group approaches in the care of individuals and families with drug/alcohol related problems, and dual diagnoses

   a. therapeutic group interventions in drug and alcohol problems

   b. theoretical bases for prevention of drug and alcohol problems in groups

   c. utilization of self-help groups in attaining sobriety, maintaining recovery and accessing community resources.

   d. theoretical rationales of milieu therapy and therapeutic communities

II. Group manifestations of recurrent patterns of addictive behavior

  a. group process issues in early sobriety
  b. the aftercare group
  c. identifying signs of relapse in the group setting.
  d. identifying coexisting psychiatric illness

III. The nurse as group leader with individuals recovering from drug and alcohol problems

  a. common health needs
  b. nursing strategies to address client needs

IV. Evaluate group intervention in the perspectives of prevailing theories and contemporary research.

Teaching Strategies:

Laboratory groups
Group exercises
Field Trips to Community Agencies

III. Roles for the nurse as research investigator

- a. areas for potential investigation, including etiology, treatment and health implications
- b. identifying research problems with nursing implications
- c. use of findings on the phenomena and their treatment in practice

Teaching Strategies:

- a. critique of current research
- b. development of research questions

Level III

Module 2. Patterns Of Addiction In The Family

Time Allotment: 3 Hours

Description:

This module reviews dysfunctional family patterns related to addictive processes. Utilize theoretical perspectives, patterns will be described and theory based interventions identified.

Objectives: On successful completion of this module, the learner will:

1. Identify theories with specific relevance to addictive behaviors in the family.
2. Describe practice approaches derived from various theoretical perspectives.

Content Outline:

I. Theories of specific relevance to addictive behavior

    a. Bowen's theory of family system
    b. Transgenerational theories of addiction
    c. Familial and genetic factors
    d. Roger's model of unitary human beings
    e. Stanton's adaptation theory
    f. Lindeman's crisis theory as relevant to addictive familial patterns

II. Theoretical perspectives on family patterns related to use of drugs, and/or alcohol, or compulsive, repetitive behaviors

    a. role structure related to drug and alcohol addiction

        1. parentification
        2. role reversal
        3. role adoption

    b. parenting patterns in families where drugs and alcohol are abused

        1. parental absenteeism
        2. emotional distancing
        3. child abuse
        4. domestic violence
        5. emotional and psychiatric disturbances (i.e. compulsive repetitive patterns such as excessive

6. sexual abuse, incest
7. suicide

c. dysfunctional patterns of fmaily/community relations

1. isolation
2. emotional responses such as guilt and shame
3. economic problems
4. legal problems
5. problems in accessing and using community agencies

Teaching Strategies

a. Case studies
b. Comparison of theoretical perspectives

Level III

Module 3. Nursing Strategies With Alcohol And Drug Problems In The Family

Time Allotment: 3 Hours

Description:

This module reviews theoretical and research perspectives on the impact of alcohol and drug problems on the functional patterns of families. Strategies developed from theory and research will be emphasized. Criteria for the evaluation of behavioral changes within the family system as outcomes of nursing intervention will be explored in the literature and formulated in relation to nursing strategies.

Objectives: On successful completion of this module, the learner will:

1. Describe dysfunctional patterns which evolve in family structures as a function of use, abuse, and dependence on alcohol and other drugs.

2. Develop theory based strategies to address alcohol and drug related dysfunctional patterns of individuals and family groups in a community context.

3. Formulate criteria for the evaluation of nursing interventions.

Content Outline:

I. Dysfunctional family patterns of use, abuse and dependence on alcohol and other drugs.

    a. implications of alcohol and drug related problems for family function

    b. implications of alcohol and drug related problems for growth and development of family members

    c. alcohol and drug related problems and emotional dysfunctions

II. Research based strategies of nursing intervention

    a. assessment of the alcohol and drug dependent family
    b. nursing strategies
    c. family therapy approaches
    d. intervention with an addicted member
    e. collaborative nursing roles with community agencies and

  g. relapse prevention

III. Evaluative Criteria for interventions with family systems

  a. utilization of therapeutic resources
  b. stabilization of therapeutic resources
  c. decline in number and frequency of family crises
  d. change in dysfunctional patterns related to drug use
  e. decrease in use of residential treatment
  f. relevance of outcomes to current research

Teaching Strategies:

  a. media
  b. case studies
  c. home visits
  d. videotape of student-client interviews

Level III

Module 4. Research Perspectives On Alcohol And Drug Problems

Time Allotment: 3 Hours

Description:

This module presents current trends on research topics and methodologies utilized in the study of drug and alcohol problems and their treatment. Research approaches and findings will be evaluated and appropriate questions will be formulated for current and future study.

Objectives: On successful completion of this module, the learner will:

1. Describe central areas of scientific inquiry in relation to drug and alcohol use, abuse and dependence and treatment.
2. Identify and evaluate research approaches appropriate to the study of alcohol and other drug use, abuse and dependence.
3. Identify research questions which advance the understanding of drug and alcohol use, abuse and dependence and their treatment approaches.
4. Evaluate findings of scientific inquiry into problems related to alcohol use, abuse and dependence for use in practice.

Content Outline:

I. Research in the prevention, secondary intervention and rehabilitation of drug and alcohol abuse and dependence

   a. psychosocial, basic science, biomedical and epidemiologic research

   b. methodological issues

   c. ethical considerations

   d. political and economic constraints

II. Interpreting research findings in the context of current scientific investigation

   a. basic research considerations

   b. gaps in the study of current issues and concerns

Level III

Module 5. The Role Of The Nurse On The Interdisciplinary Treatment Team

Time Allotment: 2 Hours

Description:

This module examines the role of the nurse and other health care providers in the team planning and implementation of comprehensive acute and long term care of individuals and families experiencing dependence on drugs and alcohol.

Objectives: On the successful completion of this module, the learner will:

1. Describe the role of the nurse on the interdisciplinary team in the assessment, planning and implementation of care in relation to dependence on alcohol and other drugs.
2. Identify issues central to professional disciplines and the areas of overlapping role functions observed in the team planning and provision of care for alcohol/drug dependent individuals and families.
3. Describe nursing functions in the identification, coordination, and utilization of institutional and community resources.

Content Outline:

I. Roles of the nurse as an interdisciplinary team member in the treatment of drug/alcohol dependence

  a. discipline specific role functions
  b. group roles as implemented by the nurse
  c. skills central to participation and growth as a team member
  d. the nurse leader
  e. empowering nurse and client

II. The interdisciplinary team in the provision of comprehensive care to the drug/alcohol dependent individual and/or family

  a. components of comprehensive care
  b. composition of the team
  c. role functions of health discipline representatives as team members
  d. innovative group approaches
  e. emerging economic, ethical, and diagnostic issues in care provision

Teaching Strategies:

a. small group experiences
b. group analysis of case studies
c. exercises in team analysis
d. use of laboratory groups as a teaching tool

Level III

Module 6. Impaired Professional Practice: Management Issues

Time Allotment: 3 Hours

Description:

This module delineates role functions of the nurse manager in relation to impaired nursing practice, intervention strategies and management guidelines. Nursing roles, the utilization of resources, and ethical and legal aspects of the issue will be explored.

Objectives: Upon successful completion of this module the learner will:

1. Interpret the implications of psychiatric illness, drug, and alcohol dependence in nurses for nursing practice and the consumer.
2. Describe job performance problems which may indicate impaired nursing practice.
3. List steps implemented by the nurse manager in response to impaired nursing practice.
4. Identify management approaches to factors in the work place which compromise the safety of nurse and client.
5. Describe management approaches which support the reentry of the recovering nurse to the workplace.
6. Explain the role of the nurse manager as advocate.
7. List managerial activities such as policy development, education, and access to health benefits in relation to impaired practice.
8. List ethical constraints and legal requirements which influence administrative decisions about impaired practice.

Content Outline:

I. Impaired Practice as a Professional Issue

   a. defining and identifying the problem
   b. implications for professional standards and quality of care
   c. treatment and recovery issues as related to employment
   d. implications for peer groups

    a. Personnel appraisal
    b. Intervention with the nurse
    c. Legal/regulatory requirements
    d. Consultation and referral
    e. Utilization of institutional and organizational resources

III. Employment factors in the health care delivery system which relate to impaired nursing practice

    a. Accessibility and attitudes regarding drug use
    b. Institutional policy regarding controlled substances
    c. Environmental factors
    d. Health Care benefits

IV. Nurse-employer considerations and the recovering nurse

    a. The return to work contract
    b. Institutional provisions
    c. Monitoring systems
    d. Coordination of institutional, community and professional association supports.
    e. Compliance with regulatory requirements

Teaching Strategies:

Small group discussion
Panel presentation by nurse employers/managers
Guest lecture: Recovering nurse who has returned to practice.
Attendance at AA meeting for health professionals.

Level III

Module 7. Perspectives On Drug And Alcohol Problems

Time Allotment: 3 Hours

Description:

This module provides an overview of drug and alcohol problems, and their treatment in the context of social trends and recent scientific developments. Prevention strategies, the nature of comprehensive care, health implications, related professional issues, treatment resources and public policy will be explored from individual and family perspectives.

Objectives: On successful completion of the module, the student will:

1. Describe classes of commonly abused drugs and abuse and dependence syndromes, and common clinical syndromes.
2. Describe social factors and environmental trends which influence drug abuse
3. Identify central components of assessment of drug and alcohol problems in individuals and families
4. List educational, legislative and programmatic approaches to prevention of drug and alcohol problems
5. Describe social and regulatory policies which influence the availability of treatment of drug and alcohol problems.
6. Identify of drug use and their impact on professional performance
7. Demonstrate an understanding of various theoretical perspectives on problems with drugs and alcohol

Content Outline:

I. Epidemiologic and historical perspectives

   a. social trends
   b. the study of addiction and current trends
   c. societal impact

II. Commonly abused drugs and related syndromes

   a. drugs and their effects
   b. abuse and dependence syndromes
   c. dual diagnosis

    f. suicide and other destructive behaviors

III. Understanding drug/alcohol problems

    a. etiologic theories
    b. concepts central to phenomena and treatment
    c. implications for medical and psychiatric illness

IV. Comprehensive care of the individual and family

    a. identifying and assessing drug and alcohol problems
    b. management of related behavioral disorders
    c. nursing strategies
    d. long term care
    e. accessing and utilizing community resources

V. Programmatic issues and social factors

    a. programs for prevention and education
    b. related social policy and legislation
    c. social agencies and organizational problems
    d. factors influencing the developing of treatment programs.

VII. When use affects professional performance

    a. implications for the work place
    b. employer guidelines
    c. utilization of employee assistance programs and other resources
    d. action by professional organizations; peer assistance

Teaching Strategies:

Lecture
Small group discussion
Audiovisual resources
Panel presentations by recovering professionals
Interviews with Employee Assistance Personnel

Level III

Module 8. Nursing Strategies With The Client With Alcohol And Drug Problems

Time Allotment: 3 Hours

Description:

This module includes patterns of addiction, their treatment and therapeutic strategies with the addicted client. The nursing role with a specific focus on addictions will be delineated for individuals.

Objectives: On successful completion of this module, the learner will:

1. Describe nursing roles in the treatment and rehabilitation of the addicted client.
2. Identify role functions of the nurse as primary care provider, researcher, consultant and educator in relation to addiction.
3. Summarize theoretical perspectives on the treatment of the addicted client.
4. Develop and evaluate theory based strategies for nursing interventions with the addicted client.
5. Explain treatment implications of complex clinical phenomena including dual diagnoses

Content Outline

I. Addictions and the addictive process

   a. addiction to substances
   b. addictive behavioral processes
   c. prevalence of addictions and implications for health
   d. phases of the addictive process
   e. dynamics of addiction as primary and secondary diagnosis

II. Nursing roles in the care of the addicted individual

   a. independent care provider
   b. consultant, liaison
   c. nurse as team member
   d. nurse as researcher, educator
   e. policy formulation

- a. client assessment
- b. nursing diagnoses and goal setting
- c. dual diagnoses and related dysfunctions
- d. therapeutics of treatment and rehabilitation including relapse prevention
- e. evaluation of nursing strategies

IV. Identify valuative criteria for strategies implemented

- a. therapeutic outcomes
- b. behavioral assessment

Teaching Strategies:

Case studies
Lecture
Clinical experiences
Care Plan Development

DRAFT

DRAFT MODEL CURRICULUM IN NURSING EDUCATION FOR ALCOHOL AND OTHER DRUG ABUSE

CONTRACT NO: AMD 281-88-0005

Elizabeth M. Burns, Principal Investigator
College of Nursing
The Ohio State University

March 1, 1989

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PREFACE

The primary purpose of this project is to design, pilot, implement, evaluate, and disseminate an integrated model curriculum for both undergraduate and graduate (master and doctoral) level nursing education. The undergraduate curriculum will focus on generic knowledge, skills and attitudes needed by nurses working in a variety of health care settings to be effective in the diagnosis and treatment of human response to patterns of abuse or addiction, i.e., to actual or potential problems, concurrent with and consequent to abuse and addiction. The graduate curriculum will focus on infusing alcohol and other drug abuse information within such specialty areas as parent-child health/illness, adult health/illness, and older adult health/illness.

A faculty development model to support the delivery of the undergraduate and graduate curriculum will be a major emphasis of the project. It will focus on developing three levels of faculty expertise: General Awareness, Special Skills, and Resource Faculty levels.

A Working Committee has been formed and organized into three sub-groups: the Graduate Sub-Committee, the Undergraduate Sub-Committee, and the Faculty Development Sub-Committee. The first task of these Sub-Committees has been to develop a conceptual model, a statement of competencies, and an overall curriculum format for their respective levels. This report presents the Draft Model Curriculum in Nursing Education for Alcohol and Other Drug Abuse that has resulted from these activities.

Using this curriculum framework, special curriculum modules will be developed, piloted and implemented. These will include curriculum objectives, instructional activities and resources, and evaluation procedures.

The ANA and NNSA Standards of Addictions Nursing Practice with Selected Diagnoses and Criteria (1988) (SANP) has provided an initial basis for the development of student competencies to guide curriculum development. These standards include: theory, data collection, diagnosis, planning, intervention, evaluation, ethical care, quality assurance, continuing education, and inter-disciplinary collaboration.

Throughout the curriculum development process, representative modules will be piloted on a small-scale basis. When the model curriculum has been developed, a survey will be conducted to determine the most effective way to conduct implementation within the Ohio State University, College of Nursing. Based on the survey, an implementation and evaluation process will be established and conducted. Evaluation data will be used to revise the curriculum and to recommend implementation procedures that can assist other nursing education institutions to effectively implement the curriculum.

Products will include the curriculum modules and an instructor's guide with guidelines for program implementation. These materials will support the adoption of the curriculum by other nursing education programs. Journal articles and convention presentations will be developed to support dissemination of the curriculum.

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Louise Curtis, M.S.	Adult Health/Illness
Dr. Edna Menke	Parent-Child Health/Illness
Dr. Juliet Miller	Substance Abuse, Counseling
Dr. Joanne Stevenson	Older Adult Health/Illness
Dr. Arlene Thompson	Substance Abuse
Dr. Mary Ellen Wewers	Adult Health/Illness

Consultants	Key Specialty
Dr. Michael Klein	Curriculum and Evaluation
Dr. Betty Melragon	Curriculum and Evaluation
Dr. Joseph Quaranta, Jr.	Curriculum and Evaluation

PHILOSOPHY

Substance abuse and addiction are major societal problems. The majority of people in the United States have been or will be affected by their own or someone else's alcohol and/or other drug problem. Addiction to alcohol and other drugs is a disease which affects the physical, mental, emotional and spiritual dimensions of the individual. It is also a family disease which touches all members of the family. While a distinct disease, addiction can occur in conjunction with other mental and physical illnesses. Addiction, as a system-related disease, creates dysfunctional relationships and stress-related illnesses in family, friends, coworkers, and society. Substance abuse and addiction as major health problems require multiple modes of prevention, identification, and treatment for individuals and their families.

Nurses, in their clinical practice in almost any professional setting, frequently encounter individuals who have or are at high-risk for significant alcohol and/or other drug abuse or dependency problams. Nursing education must include a curriculum which incorporates the body of knowledge necessary to understand and effectively practice addictions nursing and conduct research. To be therapeutic with addicted or high-risk individuals, nurses must also have appropriate attitudes and values beyond the knowledge about and understanding of the problem. The skills of the effective nurse will depend in large measure upon both this knowledge base and clearly examined attitudes and values regarding addiction to alcohol and/or other drugs.

Moreover, nurses find themselves in a high stress profession and must recognize that they are at increased risk for addiction to alcohol and other drugs. The knowledge, attitudes, and skills necessary for diagnosis, treatment, and appropriate referral of persons with the illness must also apply to the practicing nurse. Prevention and early identification measures are needed in nursing practice for all individuals who are at risk for the development of the disease, including those within the profession.

Faculty development is an essential part of the educational process for nursing practice related to substance abuse and addiction. The quality of the dyadic relationship between faculty member and student is frequently mirrored in the dyadic relationship between nursing student and client. Faculty and students, as members of the general society, tend to reflect societal attitudes towards addiction. Without special effort directed toward the development of faculty members' own knowledge, attitudes, values and skills, the prevailing views may be reinforced and negatively affect the student's interaction with individuals who have alcohol or other drug abuse problems. Faculty development must be an ongoing process that examines personal values, attitudes and experiences along with a focus on knowledge and skill development. Therefore, successful integration of substance abuse content into the nursing curriculum must include both an assessment of mission and skill level on the part of faculty and also a more personal assessment of their own attitudes, values, and use of addictive substances.

The substance abuse and addiction content in the nursing curriculum including the faculty development component is competency-based and includes both didactic and experiential dimensions. Content must reflect the most current research findings in substance abuse and related fields. The scope of nursing practice and research includes the individual with alcohol and other drug related problems, the family, and the community. Nursing curricula must include content related to this disease as it affects self, significant others and professional nursing practice.

FACULTY DEVELOPMENT PROGRAM

Faculty Development Program Model

The model for professional development in nursing education is shown in Figure 1. In this model, the overreaching **Rationale** for the nursing education program includes the development of those skills necessary to participate in the three missions of the University and College of Nursing: **Teaching, Research and Service**. The rationale is also based on a self-in-situation framework which considers each participant as an individual with specific growth issues in two ways. First, each person is the focus of personal and professional growth by attending to his or her **Individual Development**. This development is guided by the broad personal and professional developmental goals **(To Develop...)** of increased (a) knowledge, (b) acceptance and (c) affirmation in the areas identified through applications of the Standards of Addictions Nursing Practice (ANA and NNSA, 1988). Second, the self-in-situation also considers each person as Staff in the **Program Development**. These staff roles are determined by the roles and responsibilities necessary to implement the broad program development goals **(To Provide...)**, the initiation, development and reinforcement of program (a) staff, (b) facilities, (c) materials, (d) strategies, and (e) resources.

The Standards of Addictions Nursing Practice will guide the planning and development of the individual development of the nurse. These are described in other sections of this report.

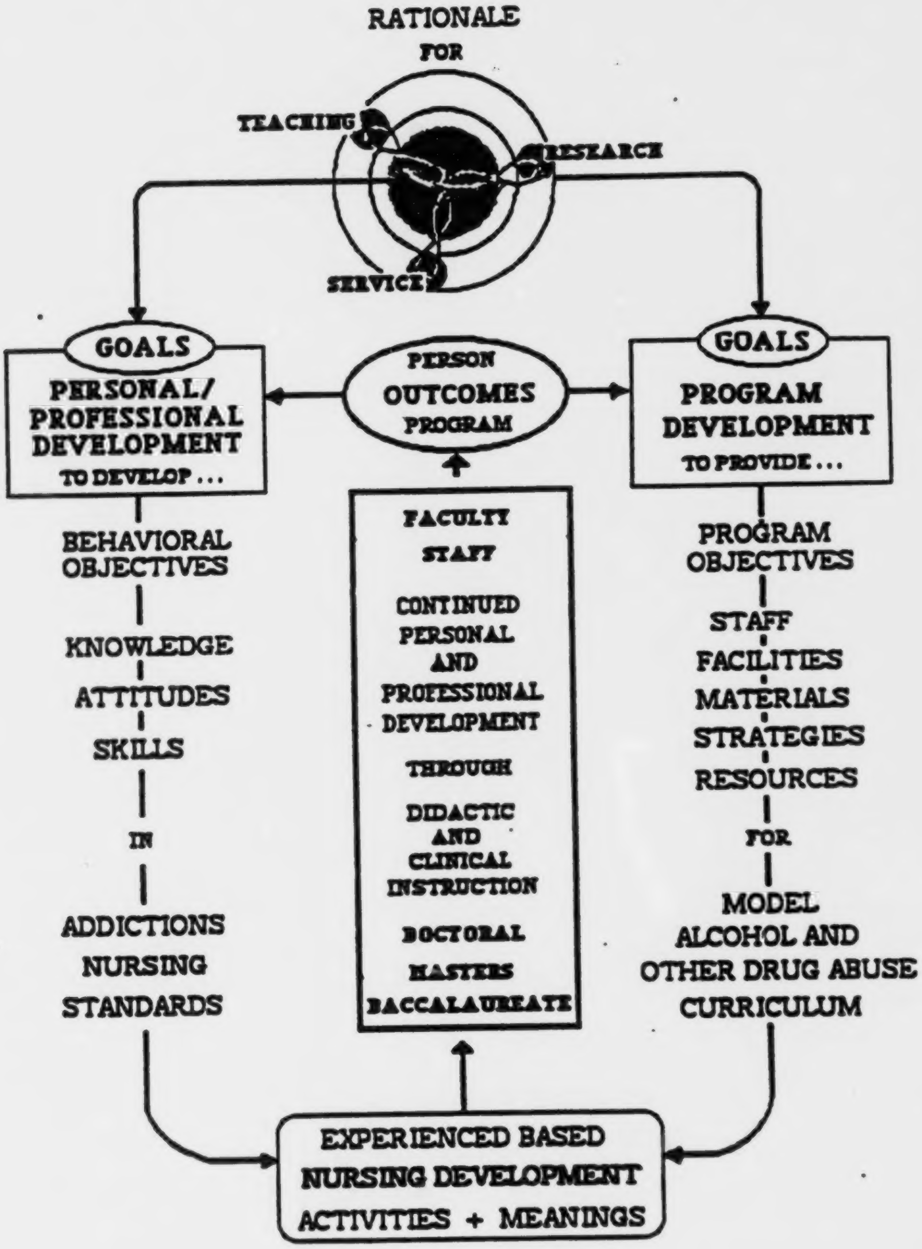
The **Model Alcohol and Other Drug Abuse Curriculum** will guide the development of the program. See other sections of this report.

The **Experience Based Curriculum** will include planned and coordinated didactic and clinical activities and the processing of this instruction in individual and small group integrating processes.

All **levels of participants** will be involved, including baccalaureate, masters, doctoral, staff and faculty.

The **Outcome Evaluation** of the program will be measured in terms of both (1) individual outcomes as specified by behavioral objectives and (2) program outcomes as specified by the program elements identified at the outset as essential to implement the curriculum. The individual student outcome evaluation will be the measures which will indicate the success in achieving the nursing addictions standards. The program evaluation measures will be the measures that indicate the success of the elements which were developed through the faculty development activities. This model is shown as Figure 1.

Figure 1. PROFESSIONAL DEVELOPMENT IN NURSING EDUCATION


RATIONALE
FOR
TEACHING
RESEARCH
SERVICE
GOALS
PERSONAL/
PROFESSIONAL
DEVELOPMENT
TO DEVELOP . . .
PERSON
OUTCOMES
PROGRAM
GOALS
PROGRAM
DEVELOPMENT
TO PROVIDE . . .
BEHAVIORAL
OBJECTIVES
KNOWLEDGE
ATTITUDES
SKILLS
IN
ADDICTIONS
NURSING
STANDARDS
FACULTY
STAFF
CONTINUED
PERSONAL
AND
PROFESSIONAL
DEVELOPMENT
THROUGH
DIDACTIC
AND
CLINICAL
INSTRUCTION
DOCTORAL
MASTERS
BACCALAUREATE
PROGRAM
OBJECTIVES
STAFF
FACILITIES
MATERIALS
STRATEGIES
RESOURCES
FOR
MODEL
ALCOHOL AND
OTHER DRUG ABUSE
CURRICULUM
EXPERIENCED BASED
NURSING DEVELOPMENT
ACTIVITIES + MEANINGS

Faculty Development Program Design

Program Scope

The scope of the faculty development reflects the content of the Standards of Addictions Nursing Practice. The model curriculum which was developed from those standards, consists of the three levels of faculty development. These are the Resource Faculty Development for those who will conduct subsequent faculty development activities. Special Skills Development for those who will be teaching faculty in the alcohol and other drug abuse model curriculum, and General Awareness for all faculty and staff.

The complete Faculty Development Program will extend over a period of twenty-six months. The implementation will occur in three phases. The first phase is to implement the Resource Faculty Development activities. This phase will consist of (1) the identification of the skills already present within the faculty as determined by the Faculty Development Questionnaire and the Faculty Resource Questionnaire (See Appendix A); (2) the identification of the skills needed for the addictions nursing curriculum as identified by the Alcohol/Other Drug Education Attiutde Survey; and (3) the planning and conducting of at least one resources faculty workshop using the data from these assessments. Current faculty and specialists with the skills identified through the assessment will conduct this activity.

The second phase consists of the planning and implementation by the Resource Faculty and other outside consultants of at least one special skills development workshop. The goal of this workshop is to prepare the teaching faculty for the implementation of the model curriculum.

The third phase is to plan and implement a General Awareness Program for all faculty, staff and students. This will be conducted by the Specials Skills Faculty. It will be an on-going program designed to deal with the issues identified in the Faculty Development Model through a wide range of awareness activities such as workshops, conferences, symposia, colloquia, posters, newsletters and other media, and announcements of community activities.

Levels of Faculty Development

Figure 2 shows the three levels of faculty development. In its broadest perspective the faculty development program includes all faculty, staff and students within the College of Nursing. For the faculty, three levels of development will occur. This will ensure that (1) all faculty, doctoral students and staff will achieve a basic, **General Awareness** level of personal and professional understanding of the critical areas in alcohol and other drug use and abuse as it relates to nursing care. This includes such topics as effects of alcohol and other drug use, policy and procedures, legal and ethical consideration, societal issues, early identification, and alternatives to drug use. It also ensures (2) that there will be **Special Skills** developed among the faculty to implement all aspects of the nursing education program on a continuing basis. These special skills will include conducting awareness sessions, curriculum infusion strategies, conducting prevention activities, working with community agencies and leaders, self-processing skills, and the nursing process skills.

To enable the nursing faculty to continue to keep current in its leadership roles of teaching, research and service, (3) there will be a group of **Resource Faculty** who have demonstrated skills in working with their faculty colleagues in a leadership role in training for all aspects of the program. These include such skills as conduct special skills training, teaching nursing process skills, developing addictions nursing curriculum, working with staff in addictions nursing for special populations, conducting research, and teaching model program development skills.

Participants

The faculty development model used in this project will involve the participation of all students, staff, and faculty. The primary focus of the faculty development program will be on the faculty, staff, and doctoral students in the College of Nursing. The two faculty groups will be the Resource Faculty and the Special Skills Faculty. The staff participants will include the clinical associates and support staff who contribute to the nursing substance abuse and addictions curriculum through their efforts in clinical settings and in support roles in the didactic curriculum. The undergraduate and masters level students are considered a part of the faculty development program only to the extent that some of their activities will involve them in the faculty development program. For example, undergraduate and masters students may be participants in early identification and other activities where the faculty and nursing student participate in examination of self and significant others with regard to alcohol and other drug use and abuse.

Workshop Implementation

Each of the initial Resource Faculty Development and Special Skills Workshops will be held during the teaching day. Three sets of goals for these workshops will be identified from the Standards for Addictions Nursing Practice. The first set of goals will identify the knowledge, or content base of the addictions nursing standards and which will be reflected in measurable objectives from the Cognitive Domain. A second will be the attitudes and values, or personal beliefs about alcohol and other drug use and abuse and will be reflected in measurable objectives from the Affective Domain. The third will be the Skills identified as Addictions Nursing Practice and will be reflected in measurable objectives from the Psychomotor Domain.

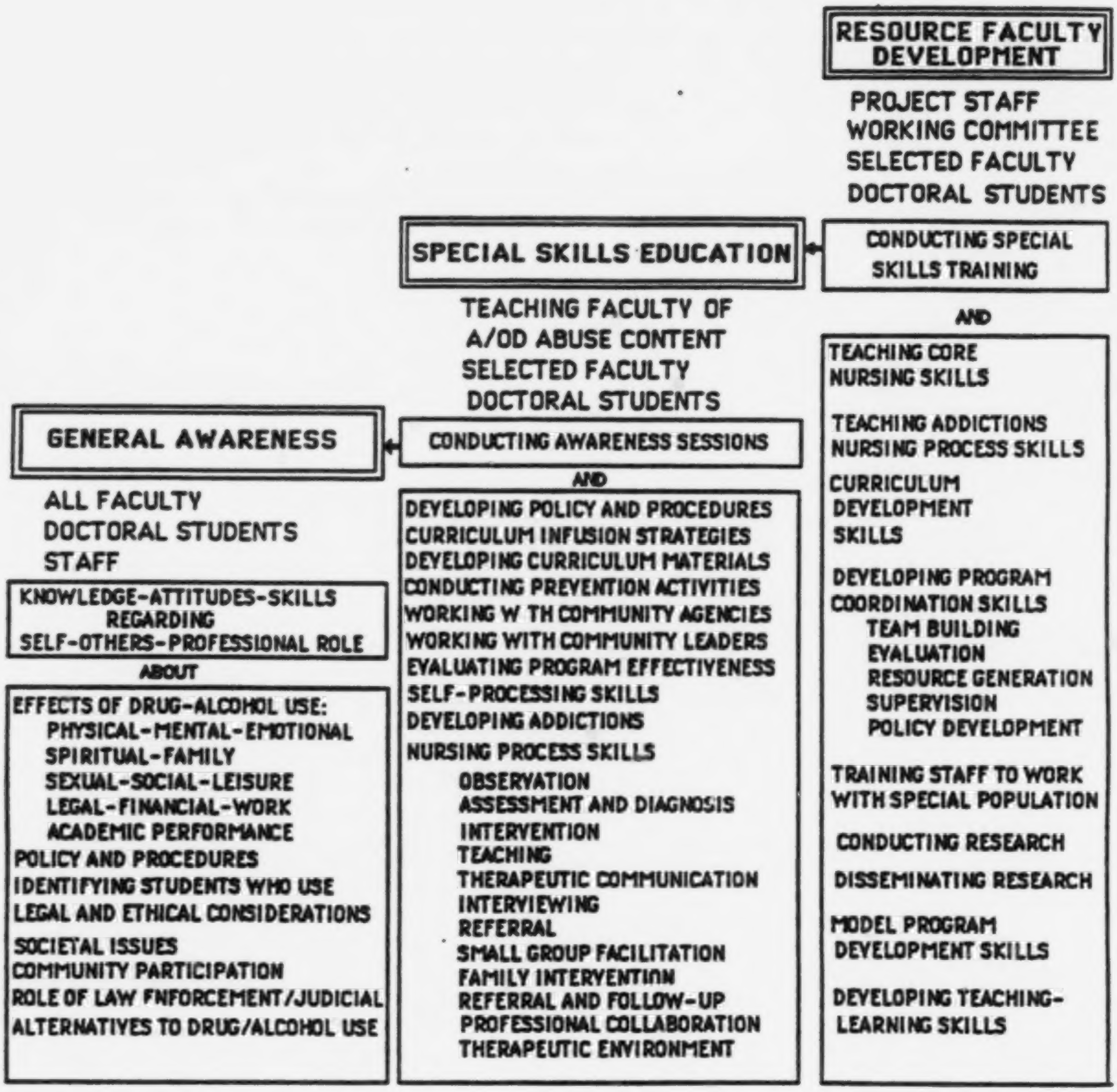
The format for these workshops will include three components:

An **Education Component** will address the alcohol and other drug knowledge knowledge base for nursing. The instructional strategies for this component will be appropriate for achieving cognitive domain objectives including knowledge, comprehension, application, analysis, synthesis, and evaluation. Readings, lectures, panel presentations, and discussions will be developed from the content.

A **Process Component** will be planned and implemented to provide the opportunity to deal effectively with attitudes and values as reflected in the Affective Domain, and will employ individual and small group processing, role play, and other evocative strategies as necessary.

A **Skills Component** will be offered where the addictions nursing process skills will be developed and/or demonstrated by the Resource Faculty and subsequently by the teaching faculty using role situations, simulations,and clinical case studies.

Figure 2. THREE LEVELS OF FACULTY DEVELOPMENT



RESOURCE FACULTY DEVELOPMENT

PROJECT STAFF
WORKING COMMITTEE
SELECTED FACULTY
DOCTORAL STUDENTS

CONDUCTING SPECIAL SKILLS TRAINING

AND

TEACHING CORE NURSING SKILLS

TEACHING ADDICTIONS NURSING PROCESS SKILLS

CURRICULUM DEVELOPMENT SKILLS

DEVELOPING PROGRAM COORDINATION SKILLS
- TEAM BUILDING
- EVALUATION
- RESOURCE GENERATION
- SUPERVISION
- POLICY DEVELOPMENT

TRAINING STAFF TO WORK WITH SPECIAL POPULATION

CONDUCTING RESEARCH

DISSEMINATING RESEARCH

MODEL PROGRAM DEVELOPMENT SKILLS

DEVELOPING TEACHING-LEARNING SKILLS

SPECIAL SKILLS EDUCATION

TEACHING FACULTY OF A/OD ABUSE CONTENT
SELECTED FACULTY
DOCTORAL STUDENTS

CONDUCTING AWARENESS SESSIONS

AND

DEVELOPING POLICY AND PROCEDURES
CURRICULUM INFUSION STRATEGIES
DEVELOPING CURRICULUM MATERIALS
CONDUCTING PREVENTION ACTIVITIES
WORKING WITH COMMUNITY AGENCIES
WORKING WITH COMMUNITY LEADERS
EVALUATING PROGRAM EFFECTIVENESS
SELF-PROCESSING SKILLS
DEVELOPING ADDICTIONS
NURSING PROCESS SKILLS
- OBSERVATION
- ASSESSMENT AND DIAGNOSIS
- INTERVENTION
- TEACHING
- THERAPEUTIC COMMUNICATION
- INTERVIEWING
- REFERRAL
- SMALL GROUP FACILITATION
- FAMILY INTERVENTION
- REFERRAL AND FOLLOW-UP
- PROFESSIONAL COLLABORATION
- THERAPEUTIC ENVIRONMENT

GENERAL AWARENESS

ALL FACULTY
DOCTORAL STUDENTS
STAFF

KNOWLEDGE-ATTITUDES-SKILLS
REGARDING
SELF-OTHERS-PROFESSIONAL ROLE

ABOUT

EFFECTS OF DRUG-ALCOHOL USE:
- PHYSICAL-MENTAL-EMOTIONAL
- SPIRITUAL-FAMILY
- SEXUAL-SOCIAL-LEISURE
- LEGAL-FINANCIAL-WORK
- ACADEMIC PERFORMANCE

POLICY AND PROCEDURES
IDENTIFYING STUDENTS WHO USE
LEGAL AND ETHICAL CONSIDERATIONS
SOCIETAL ISSUES
COMMUNITY PARTICIPATION
ROLE OF LAW ENFORCEMENT/JUDICIAL
ALTERNATIVES TO DRUG/ALCOHOL USE

UNDERGRADUATE CURRICULUM MODEL:
BACHELOR OF SCIENCE IN NURSING

The baccalaureate program in nursing prepares students for professional nursing practice and for advanced study at the graduate level. Undergraduate professional education in nursing is designed to help students integrate the concepts of nursing with actual patient care. The discipline of nursing is a science and an art which includes practice, research, and knowledge development. The four-year program is broad in scope as it provides students with a liberal as well as professional education in nursing. The study of professional nursing includes clinical experiences in a variety of hospital and community-based settings as well as classroom instruction in the art and science of nursing.

Curriculum Design

In this curriculum model, the baccalaureate program has an intergrated curriculum with strong theoretical and clinical components. The first year of the program is prenursing study consisting of courses in the humanities, social and natural sciences. Students are admitted to the College of Nursing after completion of the required prenursing courses. During the second, third, and fourth years of the program, students take courses in nursing and related subjects that provide the foundation for the practice of professional nursing and advanced study in nursing.

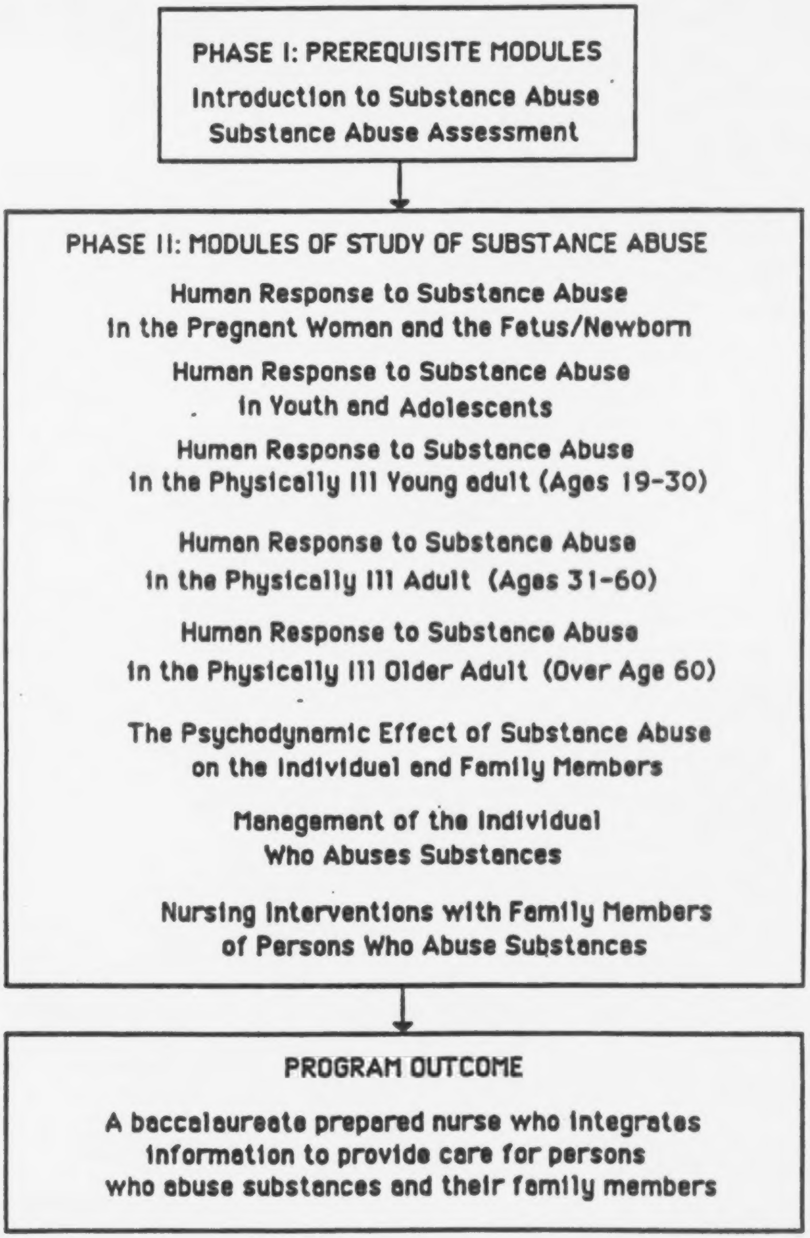
During the sophomore year, students study nursing process and theory, human development throughout the life cycle, health assessment, along with supportive courses in other colleges, and electives. During the junior year, students study about and care for individuals who are ill in hospital and long-term care facilities. Students have experiences caring for individuals of all ages who have acute or chronic health problems. During the senior year, students study individuals and their families who experience complex health problems, learn how to care for groups of patients in acute care hospitals and have experiences in community health. In addition, students take a course in research, courses in related subjects, and electives. Throughout the three years of study in nursing, students have progressively more complex clinical experiences in a diversity of settings such as hospital units for adults or children, community health agencies, schools, and patients' homes.

Integration of Alcohol and Other Drug Content

Alcohol and other drug content are introduced into the nursing curriculum during the second, third, and fourth years of the undergraduate program. (See Figure 3.) The content is presented in two phases. Phase I provides an orientation to the basic concepts of substance abuse and is prerequisite to Phase II modules of study. Thus, it occurs early in the second year of the undergraduate experience. Within the Phase I modules, students acquire knowledge about the assessment process and procedures for referral to appropriate treatment resources. In addition, they will examine their own attitudes about and use of mood-altering substances.

In Phase II, content related to alcohol and other drug abuse is designed to study individuals across the life span and is organized into eight modules. These modules in Phase II can be delivered in any sequence depending on the organization of content in the nursing major, keeping in mind that the level of complexity increases throughout the course of study. Three areas of the curriculum are specially targeted for the study of alcohol and other drug abuse: (1) Nursing of adults experiencing health problems, (2) Nursing of infants and children experiencing health problems, and (3) Psychiatric and mental health nursing. A broader approach has been taken and includes additional areas to provide to provide comprehensive integration of this content into required courses that insure study of alcohol and other drug problems in nursing of individuals across the life span.

Figure 3. UNDERGRADUATE CURRICULUM MODEL
BACHELOR OF SCIENCE IN NURSING



PHASE I: PREREQUISITE MODULES

Introduction to Substance Abuse
Substance Abuse Assessment

PHASE II: MODULES OF STUDY OF SUBSTANCE ABUSE

Human Response to Substance Abuse in the Pregnant Woman and the Fetus/Newborn

Human Response to Substance Abuse in Youth and Adolescents

Human Response to Substance Abuse in the Physically Ill Young adult (Ages 19-30)

Human Response to Substance Abuse in the Physically Ill Adult (Ages 31-60)

Human Response to Substance Abuse in the Physically Ill Older Adult (Over Age 60)

The Psychodynamic Effect of Substance Abuse on the Individual and Family Members

Management of the Individual Who Abuses Substances

Nursing Interventions with Family Members of Persons Who Abuse Substances

PROGRAM OUTCOME

A baccalaureate prepared nurse who integrates information to provide care for persons who abuse substances and their family members

The first five modules listed in Figure 3, provide a holistic approach to substance abuse problems for persons who are experiencing a physical illness. Acute and chronic problems arising from substance abuse are studied in relation to the presenting physical illness.

The last three modules focus specifically on nursing care of individuals and their families where the primary illness is substance abuse or chemical dependency. The modules in both phases are based on the Standards for Addictions Nursing Practice. Upon completion of the program, the baccalaureate nurse has the necessary knowledge and skills to provide nursing care to individuals who abuse substances or who are chemically dependent.

Phase I: Prerequisite Modules

Competencies

By the end of Phase I the student will be able to:

1. Apply a general knowledge base about the biopsychosociocultural effects of substance abuse* and/or addiction when completing a health assessment (Standard I)**.
    a. Assess use of substances (Standard II)
    b. Employ the techniques of therapeutic communication to assess others' use of substances (Standard II)
    c. Develop a teaching package to educate others about the effects of substances (Standard V.B.)
2. Demonstrate an understanding of the philosophy of self help groups such as AA. (Standard 5.C)
3. Identify the appropriate resources to which to refer persons experiencing discomfort with their use of chemical substances or persons identified as abusive with their intake of chemical substances. (Standard XI.11)

Strategies

1. Have all students use a standard substance use instrument as a part of their routine health assessment with clients. Use of such an instrument would become a part of the content and practice component of a health assessment course.
2. Provide students with information about referral resources and how to communicate with the appropriate referral resource(s). (Lecture)
3. Have students participate in a seminar to examine own use of substances.
4. Provide students with general information about substance abuse (i.e., incidence, prevalence, symptoms of abuse, causal factors, etc.). This information Would be provided in lecture/discussion, readings, or as a part of weekly seminar.

*For the purpose of this curriculum, substance is defined as any chemical which alters the mood. Such chemicals include but are not limited to alcohol, amphetamines, cannabis, cocaine, hallucinogens, opioids, nicotine, barbiturates, anxiolytics, Phencyclidine (PCP), and designer drugs.

** All standards are from the American Nurses'Association and the National Nurses Society on Addictions. Standards of Addictions Nursing Practice with Selected Diagnoses and Criteria. Kansas City, MO: ANA, 1988.

Phase I Modules

Introduction to Substance Abuse

Objectives

Upon completion of this module the student will:

1. Know about the incidence and prevalence of substance abuse for various substances.
2. Know that substances affect the individual's biopsychosocio-cultural functioning.
3. Differentiate the disease process of substance abuse and addiction as it occurs in various stages of the life cycle.
4. Understand the economic ramifications of substance abuse.
5. Understand three approaches to the treatment of substance abuse i.e., self-help groups, psychotherapy, behavior modification.
6. List three resources to which to refer persons experiencing problems with substance abuse.
7. Understand how to transfer responsibility for intervention to appropriate resources.

Product Evaluation

The student will:

1. Complete a paper and pencil test.
2. Develop of a teaching package for a selected target population.

Substance Abuse Assessment

Objectives

By the end of this module the student will:

1. Know how to assess the use of substances in self and others.
2. Identify deviations in physical findings that result from substance abuse.
3. Identify patterns of substance abuse and dependence.

Product Evaluation

The student will:

1 Complete a paper and pencil test.
2. Complete an assessment of substance use by self and by another person and write a report summarizing the assessment results.

Competencies

By the end of Phase II the student will be able to:

1. Demonstrate understanding of the biopsychosociocultural effects of substance abuse on the individual. (Standard I)
2. Assess physiologicaland psychological signs and symptoms of substance use in self and others. (Standard I)
3. Use the nursing process (A D P I E) with individuals who abuse substances. (Standards II, III, IV, V, VA, VD, VE, and VI)
    a. Identify and prioritize specific nursing diagnoses appropriate to the individual who abuses substances.
    b. Enumerate appropriate goals based upon nursing diagnoses.
    c. Base interventions upon the principles of therapeutic communications, referral resources available, and the individual's physiological and psychological condition.
    d. Define outcome criteria in terms of changes in signs and symptoms associated with the nursing diagnoses.
4. Use current research findings when planning care for the person who abuses substances. (Standard I)
5. Identify the effects of substance abuse on the interactional process between the individual who abuses and their family members. (Standard VIII)
6. Analyze the effects of substance abuse on the interactional process between the nurse and client, and the client and others. (Standard VIII)
7. Use agency referral procedures with individuals who abuse substances. (V, F)
8. Understand the roles of selected disciplines in the care of the person who abuses substances. (Standard X)
9. Base nursing actions on nursing standards for practice and the professional code of conduct for nurses. (Standard I)
10. Base interventions on the understanding that substance abuse is a primary, chronic, progressive disease process. (Standard I)
    a. Use a variety of resources when providing care to persons who abuse substances. (Standard XI)
    b. Counsel with persons who abuse substances and their family members. (Standards V.A. and V.F.)

Strategies

1. Use audiovisual materials depicting the effects of substance abuse on specified body systems (i.e., nervous, cardiovascular, digestive, endocrine, etc.).

2. Have students do at least one in-depth case study of a client whose substance abuse has resulted in physiological and psychological alterations. Discuss the case study in seminar setting so that students can compare and contrast results.

3. Have the student observe or participate in an interdisciplinary care conference for an individual who is abusing substances.

4. Use audiovisuals depicting the effects of substance abuse on family members. Follow with a small group discussion aimed at identifying signs, symptoms, needs of family members, and appropriate resources.

5. Provide clinical opportunities for students to care for individuals who abuse substances.

6. Provide opportunities for students to work with family members of individuals who abuse substances.

7. Have students participate in a series of Al-Anon meetings.

8. Offer an elective in substance abuse.

9. Use clinical placements which allow students to lead or co-lead support groups for individuals abusing substances.

10. Have students participate in an interdisciplinary team planning care for an individual who is abusing alcohol or another substance.

11. Have students participate in a mock intervention.

12. Offer a capstone experience in substance abuse.

13. Have students participate in a series of seminars which focus upon the legal, ethical, moral, and professional issues (including the impaired professional) germane to the care of the person addicted to or abusing substances.

Phase II Modules

Human Response to Substance Abuse in the Pregnant Woman and Fetus/Newborn

Objectives

By the end of this module the student will:

1. Assess the effects of substance use on the pregnant woman.
2. Assess the effects of maternal use of substances on the neonate.
3. Identify the roles of health care professionals intervening with substance abusing mothers.
4. Use appropriate resources for the substance abusing mother and her child.
5. Participate in planning post discharge care for the mother who abuses substances and her newborn.
6. Identify how own values about substance abuse affects interaction between self and the client who is abusing substances.

Product Evaluation

The student will:

1. Complete a paper and pencil test.
2. Develop one case study applying the nursing process with a post-partum substance abusing woman and her child and/or one case study applying the nursing process with a pregnant woman who abuses substances.

Human Response to Substance Abuse in Youth and Adolescents

Objectives

By the end of the module this student will:

1. Assess the effects of substance abuse in children and adolescents.
2. Identify the roles of health care professionals in intervening with the child or adolescent who is abusing substances.
3. Use appropriate referral resource(s) for the child or adolescent who is abusing substances.
4. Participate in planing care for the child or adolescent who abuses substances.
5. Identify how own values about substance abuse affects interaction between self and the child or adolescent who is abusing substances.

Product Evaluation

The student will:

1. Complete a paper and pencil test.
2. Develop one case study applying the nursing process with a child or adolescent who is abusing substances.

Human Response of Substance Abuse in the Physically Ill Young Adult (Ages 19-30)

Objectives

By the end of this module the student will:

1. Assess the effects of substance abuse on the physically ill young adult.
2. Identify the roles of health care professionals in intervening with the physically ill young adult who is abusing substances.
3. Use appropriate referral resource(s) for the physically ill young adult who is abusing substances.
4. Participate in planning care for a physically ill young adult who is abusing substances.
5. Identify how own values about substance abuse affects interaction between self and the physically ill young adult who is abusing substances.

Product Evaluation

The student will:

1. Complete a paper and pencil test.
2. Complete one case study applying the nursing process with a physically ill young adult who is abusing substances.

Human Response to Substance Abuse in the Physically Ill Adult (Ages 31-60)

Objectives

By the end of this module the student will:

1. Assess the effects of substance abuse in physically ill adults.
2. Identify the roles of health care professionals in intervening with physically ill adults who abuse substances.
3. Use appropriate referral resource(s) for the physically ill adult who abuses substances.
4. Participate in planning care for the physically ill adult who abuses substances.
5. Identify how own values about substance abuse affects interaction between self and the physically ill adult who abuses substances.

Product Evaluation

The student will:

1. Complete a paper and pencil test.
2. Complete one case study applying the nursing process with the physically ill adult who abuses substances.

Human Response to Substance Abuse in the Physically Ill Older Adult (Over Age 60)

Objectives

By the end of this module the student will

1. Assess the effects of substance abuse in physically ill older adults.
2. Identify the roles of health care professionals in intervening with physically ill older adults who abuse substances.
3. Use appropriate referral resources for the substance abusing physically ill older adult.
4. Participate in planning care for the physically ill older adult who abuses substances.
5. Identify how own values and beliefs about substance abuse affects interaction between self and the substance abusing physically ill older adult.

Product Evaluation

The student will:

1. Complete a paper and pencil test.
2. Complete one case study applying the nursing process with a substance abusing physically ill older adult.

The Psychodynamic Effect of Substance Abuse on the Individual and Family Members

Objectives

By the end of this module the student will:

1. Understand the psychodynamics of substance abuse
2. Identify strategies for managing the effects of substance abuse in the abuser and his or her significant others.
3. Participate in the management of the effects of substance abuse in the abuser and his or her significant others.

Product Evaluation

The student will:

1. Complete a paper and pencil test.
2. Complete one case study in which the nursing process focuses upon the psychodynamics of substance abuse in an individual of any age.
3. Participate on an interdisciplinary team to plan comprehensive care for an individual who abuses substances.

Management of the Individual Who Abuses Substances

Objectives

By the end of this module the student will

1. Identify effective strategies for the acute and long-term management of individuals who abuse substances.
2. Participate in the interdisciplinary planning for an individual who abuses substances.
3. Participate in conducting therapeutic groups for individuals who abuses substances and/or their family members.
4. Counsel with individuals who abuse substances.

Product Evaluation

The student will:

1. Complete a paper and pencil test with simulated situations.
2. Participate in the acute and long-term mnagement of persons who abuse substances
3. Develop a written analysis of the management of an individual who has a history of substance abuse.

Nursing Interventions with Family Members of Persons Who Abuse Substances

Objectives

By the end of this module the student will:

1. Identify the effects upon the family of a member's abuse of a substance(s).
2. Identify strategies for intervention with family members.
3. Participate in the interdisciplinary planning for the family members of persons who abuse substances.
4. Interact therapeutically with the family members of a person who abuses substances.

Product Evaluation

The student will:

1. Complete a paper and pencil test.
2. Complete one case study of the family member(s) of individual who abuses substances.

Summary

In summary, the baccalaureate curriculum provides didactic and clinical experiences for all students in the study of alcohol and other drug abuse problems as they affect individuals and their families. Special attention is given to the acute and chronic nature of the disease as it affects persons across the life span. The alcohol and other drug abuse content is organized in modules and presented in two phases, Phase I serving as the introductory prerequisite content to the eight modules of study in Phase II. Three areas of nursing study targeted for integration of alcohol and other drug content are (1) nursing of adults experiencing health problems, (2) nursing of infants and children experiencing health problems, and (3) psychiatric and mental health nursing. To promote a comprehensive integration of alcohol and other drug content into the baccalaureate curriculum, additional modules are included as a part of other required courses beyond the three targeted areas.

GRADUATE CURRICULUM MODEL: MASTER OF SCIENCE DEGREE

Graduate study in nursing at the master's level prepares students for leadership roles in nursing with the foundation for doctoral study. Study at the master's level builds upon and expands knowledge acquired in baccalaureate degree programs in nursing. The major concern of the master's program is the study of and inquiry into the practice of advanced professional nursing. The focus of the program is on the development of professional values, theoretical understanding, inquiry and specialty skills which can be used in a variety of leadership roles.

Curriculum Design

The curriculum of the master's program has strong theoretical and clincial components which prepare students to practice advanced nursing as clinical nurse specialists. The curriculum design includes core courses required of all students and specialty tracks, comprised of clinical theory and research courses, clincical courses and practicum courses selected according to student interest, and elective. The required core courses provide knowledge about nursing theory, the research process, physiology, health promotion, health assessment, and theory for advanced nuring practice related to individuals, groups, families, and the community. Emphasis is placed on leadership roles for advanced nursing practice positions.

The specialty tracks, selected according to student interest, provide advanced knowledge and skills in specific specialty areas. The clinical theory and practice courses focus on knowlege and skills necessary to work with culturally diverse individuals, groups, families, and communities as clients of the health care delivery system. The practicum course provide opportunity to study and practice in advanced clinicaland leadership roles. Elective can be taken within nursing or within related disciplines. All students must complete a thesis or project. The program is flexible in scheduling so that part-time study is possible except for the quarter in which the practicum course is taken. The requirements for a degree can usually be completed in five or six quarters of full-time study.

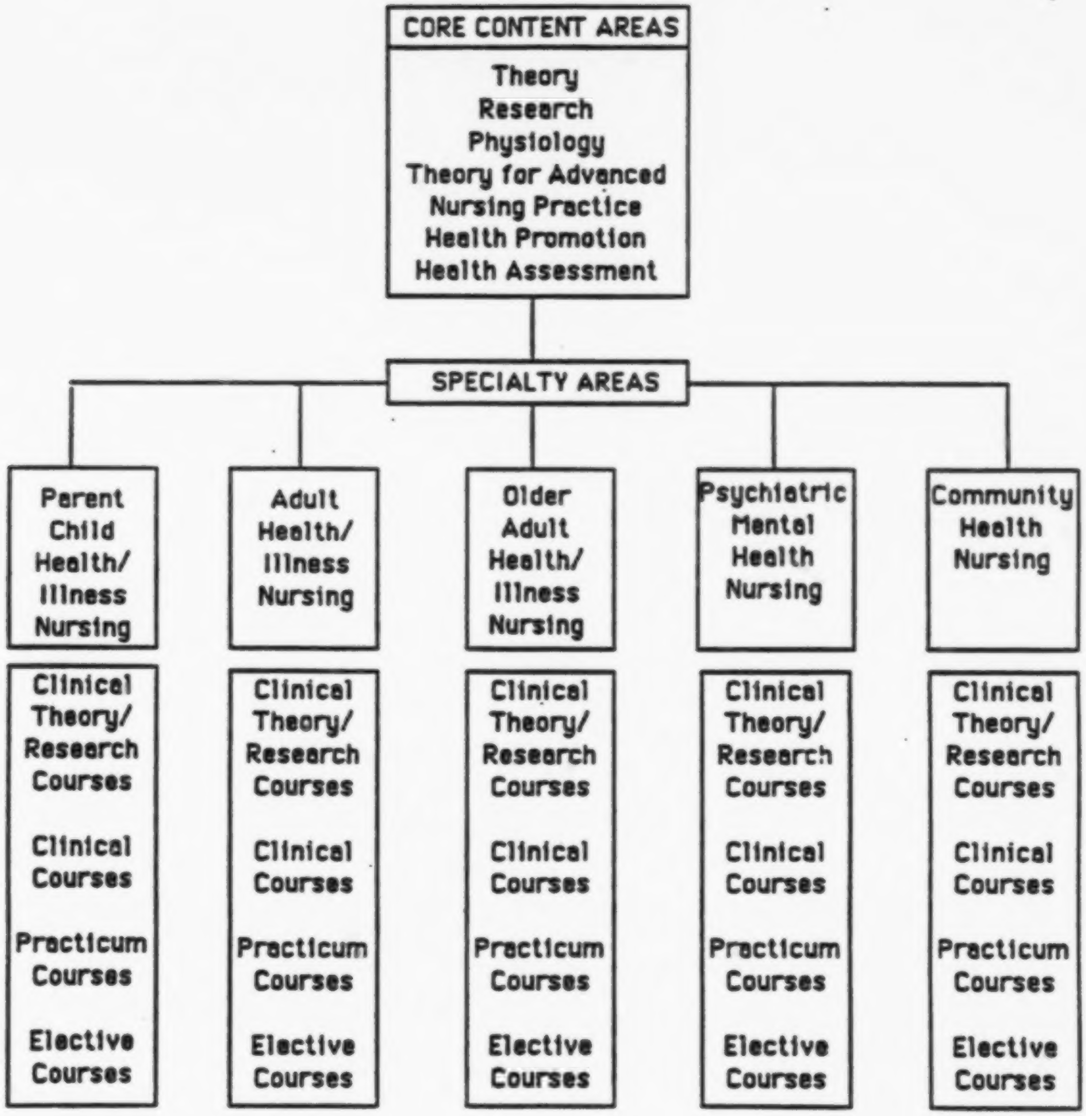
A thesis, or project, or comprehensive examination are necessary for completion of the master's degree. Students are required to take core courses and complete hours in the nursing specialty. Electives can be taken in the College of Nursing or in any other Department of the Graduate School

Core Courses--The core courses are didactic and theoretical in nature. These courses provide the framework for advanced nursing practice and are required of all students. Figure 4 presents the courses included in the core curriculum.

Specialty Components--Preparation for the clinical nurse specialist role occurs in the specialty tracks. Those specific specialties in any given master's program may vary according to faculty interest and expertise. Figure 4 indicates generic specialty areas common to graduate nursing education at the master's level. Each specialty track includes didactic, theory and research based courses, clinical courses, and practicum courses.

Clinical Theory/Research Courses--The Clinical Theory/Research courses provide the framework for the specific clinical specialty component of the curriculum. They present advanced, in-depth, current theory and research necessary for advanced nursing practice in that specialty. Students choose one area for specialized study in the masters program.

Figure 4. GRADUATE CURRICULUM MODEL: MASTER OF SCIENCE


CORE CONTENT AREAS
Theory
Research
Physiology
Theory for Advanced Nursing Practice
Health Promotion
Health Assessment
SPECIALTY AREAS
Parent Child Health/ Illness Nursing
Adult Health/ Illness Nursing
Older Adult Health/ Illness Nursing
Psychiatric Mental Health Nursing
Community Health Nursing
Clinical Theory/ Research Courses
Clinical Courses
Practicum Courses
Elective Courses

Clinical Courses--The clinical courses provide the opportunity for advanced clinical experience in a variety of settings related to the area of specialty. This provides a forum for the application of the information gained in the clinical theory and research courses.

Practicum Courses--The practicum course provides an opportunity for higher level integration of knowledge and skills for advanced practice in the clinical specialty. During the practicum course, the student demonstrates both clinical nurse specialty expertise and leadership skills. Practicum courses include both didactic and clinical experiences. The practicum provides opportunity for extensive time in the clinical setting to fully integrate knowledge and skills obtained throughout the master's program.

Elective Courses--Elective courses may be taken within the college of nursing or other departments within the university. Options include related course offerings in other colleges, individual studies and group studies related to topics of interest to the students and/or related to the specialty.

Integration of Alcohol and Other Drug Abuse Content

The curriculum will ensure that all masters degree students will have a common awareness of the nature and extent of alcohol and other drug abuse problems as it relates to the nursing of individual, families and groups. This knowledge is attained through the core courses provided in the curriculum. Courses will address incidence and prevalence of substance abuse and dependence, etiology of the disease, and pathophysiological and psychosocial processes of addictive behaviors. Another focus of the core curriculum will be research-based preventative interventions with individuals, families and groups. Attention will be given to assessment processes for early detection of the problem.

The alcohol and other drug abuse content in the clinical specialty areas of the curriculum will focus on the application of current theory and research as it applies to specific specialty content. In this model curriculum, a decision was made to address clinical specialties from a life span perspective. The three target areas are parent/child health and illness nursing, adult health and illness nursing, and older adult health and illness nursing. Other specialty areas such as psychiatric and mental health nursing and community health nursing are excellent areas to include substantive content on alcohol and other drug abuse. A survey, conducted by the Graduate Studies Committee, College of Nursing, The Ohio State University, indicated that this approach is congruent with the trends in the number of the leading graduate nursing education programs across the country. The three clinical specialty curricula will address appropriate strategies to assess, measure, manage, and evaluate individual and family responses to the abuse of and addiction to alcohol and other drugs.

Competencies

By the end of the Masters Program, students will be able to:

1. Apply selected research-based interventions with individuals, families and groups for the prevention and detection of addictive behaviors.
2. Analyze pathophysiological and psychosocial processes and etiology of addiction in humans.
3. Identify appropriate strategies to assess and measure human responses to the abuse of and addiction to alcohol and other drugs.
4. Develop appropriate research-based interventions for management of human responses to the abuse of and addiction to alcohol and other drugs.
5. Apply selected research-based nursing interventions with individuals and families which are appropriate to the management of abuse and addiction to alcohol and other drugs.
6. Evaluate effectiveness of research-based nursing interventions with individuals and families which are appropriate to the management of abuse and addiction to alcohol and other drugs.
7. Engage in interdisciplinary assessment, treatment and evaluation of persons with acute/chronic addictive conditions.

Core Content/Modules

Physiological/Pathophysiological Addictions (Included in Physiology/Clinical Courses)

1. Influence of predispositional factors
2. Physiological, biochemical and metabolic effects of addictive substances:
   a. alcohol
   b. nicotine
   c. cocaine
   d. heroin
   e. marijuana
3. Pharmacological and behavioral principles as they apply to addictive substances:
   a. tolerance
   b. dependence
   c. withdrawal
4. Organize sequelae resulting from addiction

Health Promotion/Risk Reduction in Addictions (Included in Health Promotions Course)

1. Statistical information about risk factors associated with addictive behaviors.
2. Familial/childhood origins of life style and health behaviors (drinking, smoking, and other addictive behaviors)
3. Concepts/ constructs/models and research literature about health behavior, life style change, appetitive theory
4. Overview of therapeutic modalities in risk reduction smoking cessation, alcohol and drug detox and rehabilitation and health promotion
5. Application to chronically ill and acutely ill addicted patients for optimal recovery, restoration, rehabilitation or quality of life

Assessment of Addictive Behaviors (Included in Assessment Course)

1. Physical
   a. Appropriate indicators of consumption
   b. Presence of organic sequelae
2. Behavioral
   a. History of substance consumption
   b. Substance-related dysfunction areas, e.g., work, personal, health
3. Cognitive
   a. Reasons for use of substance
   b. High-risk situations for use of substance

Parent-Child Health/Illness Nursing Specialty

Competencies

By the end of the Masters Program, the student will be able to:

1. Apply selected research based interventions with children, adolescents, and pregnant women, their families and groups for the prevention and detection of addictive behaviors.
2. Analyze pathophysiological and psychosocial processes and etiology of addiction in children, adolescents, and pregnant women.
3. Identify appropriate strategies to assess and measure children's, adolescents', and pregnant women's responses to the abuse of and addiction to alcohol and other drugs.
4. Develop appropriate research-based interventions for management of children's, adolescents', and pregnant responses to the abuse of and addiction to alcohol and other drugs.
5. Apply selected research-based nursing interventions with children, adolescents, and pregnant women and their families which are appropriate to the management of abuse and addiction to alcohol and other drugs.
6. Evaluate effectiveness of research-based nursing interventions with children, adolescents, and pregnant women and their families which are appropriate to the management of abuse and addiction to alcohol and other drugs.
7. Engage in interdisciplinary assessment, treatment and evaluation of children, adolescents, and pregnant women with acute/chronic addictive conditions.

Clinical Module

Treatment of Parent/Child Addictive Behaviors - (Module in Parent/Child Health Specialty clinical courses)

1. Models of Addictive Behaviors
   a. Physiological basis for addiction
   b. Cognitive-behavioral basis for addiction
   c. Biopsychosocial basis for addiction
2. Models of Treatment
   a. Pharmacological therapeutics
   b. Behavior modification - stimulus identification and skill training (coping strategies, relapse rehearsing, and cognitive restructuring)
   c. Relapse prevention

Adult Health/Illness Nursing Specialty

Competencies

By the end of the Master Program, the student will be able to:

1. Apply selected research based interventions with adults and their families and groups for the prevention and detection of addictive behaviors.
2. Analyze pathophysiological and psychosocial processes and etiology of addiction in adults.
3. Identify appropriate strategies to assess and measure adults' responses to the abuse of and addiction to alcohol and other drugs.
4. Develop appropriate research-based interventions for management of adults' responses to the abuse of and addiction to alcohol and other drugs.
5. Apply selected research-based nursing interventions with adults and their families which are appropriate to the management of abuse and addiction to alcohol and other drugs.
6. Evaluate effectiveness of research-based nursing interventions with adults and their families which are appropriate to the management of abuse and addiction to alcohol and other drugs.
7. Engage in interdisciplinary assessment, treatment and evaluation of adults with acute/chronic addictive conditions.

Clinical Module

Treatment of Adult Addictive Behaviors - (Module in adult health specialty clinical courses)

1. Models of Addictive Behaviors
    a. Physiological basis for addiction
    b. Cognitive-behavioral basis for addiction
    c. Biopsychosocial basis for addiction

2. Models of Treatment
    a. Pharmacological therapeutics
    b. Behavior modification - stimulus identification and skill training (coping strategies, relapse rehearsing, and cognitive restructuring)
    c. Relapse prevention

Older Adult Health/Illness Nursing Specialty

Competencies

By the end of the Masters Program, the student will be able to:

1. Apply selected research based interventions with older adults and their families and groups for the prevention and detection of addictive behaviors.
2. Analyze pathophysiological and psychosocial processes and etiology of addiction in older adults.
3. Identify appropriate strategies to assess and measure older adults' responses to the abuse of and addiction to alcohol and other drugs.
4. Develop appropriate research-based interventions for management of older adults' responses to the abuse of and addiction to alcohol and other drugs.
5. Apply selected research-based nursing interventions with older adults and their families which are appropriate to the management of abuse and addiction to alcohol and other drugs.
6. Evaluate effectiveness of research-based nursing interventions with older adults and their families which are appropriate to the management of abuse and addiction to alcohol and other drugs.
7. Engage in interdisciplinary assessment, treatment and evaluation of older adults with acute/chronic addictive conditions.

Clinical Module

Treatment of Older Adult Addictive Behaviors - (Module in older adult health specialty clinical courses)

1. Models of Addictive Behaviors
    a. Physiological basis for addiction
    b. Cognitive-behavioral basis for addiction
    c. Biopsychosocial basis for addiction
2. Models of Treatment
    a. Pharmacological therapeutics
    b. Behavior modification - stimulus identification and skill training (coping strategies, relapse rehearsing, and cognitive restructuring)
    c. Relapse prevention

Summary

In summary, the masters curriculum provides the opportunity for all students to gain an awareness of the nature and extent of the substance problem as it relates to nursing. It provides students with the minimum knowledge and skills specific to their clinical specialty area that are necessary for advanced nursing practice with clients with substance abuse problems and their families. For those students who are interested in further specialization in the area of alcohol and other drug abuse nursing, the masters thesis or project options provide the mechanism for in-depth study.

GRADUATE CURRICULUM MODEL: DOCTORATE OF PHILOSOPHY DEGREE

The doctoral program prepares scholars to conduct research that contributes to the development of nursing science which can be used in the practice of professional nursing. Nursing knowledge involved the selection, synthesis and expansion of knowledge from nursing and other disciplines. The focus of the doctor program is holistic health phenomena throughout the life cycle. Holistic health is an integrated study of human beings interacting with their environments at the individual, family and community levels. Holistic concepts in nursing science involve the study of interactions among mind, body and environments rather than studying concepts as discrete entities.

Curriculum Design

Doctoral-level nursing courses pertain to the philosophies of nursing science, theory development and verification, qualitative and quantitative analysis in nursing science, and synthesis of theories from nursing, behavioral, and biological sciences. In addition, the nursing science major component includes external courses in behavioral sciences, biological sciences, research methods and statistics. Because the doctoral program focuses primarily on theory development and research processes, content specific specialty areas are not addressed as such. Therefore, it is not appropriate to address alcohol and other drug abuse content at the doctoral level in the same manner that it is integrated into baccalaureate and masters curricula.

Alcohol and Other Drug Abuse Education for Doctoral Students

After graduation doctoral students will be primarily involved in academic settings in either teaching or research, their learning needs in the area of alcohol and other drug abuse are very similar to those of faculty members. It is essential that they have not only the opportunity to develop knowledge and skills in the area but also to develop attitudes and values that will enhance their personal and professional development. It is logical, then, that doctoral student education reflect the same objectives as that of the Faculty Development Program. Depending on student interest and career goals, a student may elect to participate in one or more of the three Faculty Development levels including General Awareness, Special Skills Education, and Resource Faculty Development. The description of the Faculty Development Program serves as the description for the alcohol and other drug abuse education for doctoral students.

Evaluation of the Model Curiculum

The evaluation plan for the alcohol and other drug abuse model curriculum will consist of a modification of the doctroal program evaluation model. This restructured model has been used to evaluate the College of Nursing newly developed doctoral progam implementation. There are four major phases to the plan during which data are collected and interpreted. These phases include the following.

(1) **Systems Assessment Phase**--The purpose of the systems asessment phase is to identify the systems that are relevant to the model program, collect the data related to those systems, and identify the program goals and directions based on these data. Two systems will be evaluated, the student outcome or addictions nursing development system, and the program outcome or model curriculum development system. The student outcome system will be evaluated based on the statements of the knowledge, attitudes and skills established as the student outcome criteria for each module. These are being determined from an analysis of the Standards for Addictions Nursing Practice which have been selected for inclusion in the model curriculum. This will comprise the program impact evaluation.

At present the program systems included for analysis are the staff, facilitites, materials, resources and strategies used for each module. These are represented in the model for Professional Development in Nursing Education as the program elements of the curriculum. They are considered as the given instructional elements for each curriculum activity for which there is a measurement of student outcomes.

Questions for evaluation at this stage will include the appropriateness of the target population for evaluation, the completeness of the implementation of the activitiy or activities, and the effectiveness of the activity in reaching the stated behavioral objectives. Questions regarding the appropriateness of including health outcome evaluation will be determined as well as those regarding alternative types of validity. An internal assessment of the operating procedures, observational analyses of the program development process, and participant assessment of the program implementation will be conducted. These will be reviewed by the external evaluators and modifications suggested as appropriate.

(2) **Program Planning Phase**--Program planning will provide the information necessary to support the decisions regarding the resources that will be employed to implement the model curriculum in the College of Nursing. Data from the Pilot Test will be particularly useful for this phase since those elements included in the Pilot Test will represent critical elements of both curriculum content and the instructional processes. Selected student outcomes, for example, would require that specific instructional strategies be employed for their implementation and these in turn would require a unique set of materials or facilities. During this phase the Faculty Development activities will be critical to providing the staff with essential knowledge, attitudes, and skills for completing the instructional objectives. Matters concerning the feasibility of on-going faculty development for other nursing programs who would choose to implement the model curriculum will be addressed.

(3) **Program Implementation Evaluation Phase**--The program implementation evaluation phase will result in the acquisition of the data for improving the program implementation as it is being developed. Where there are program elements which are missing in order to accomplish the student outcomes, these can be developed and/or acquired and made a part of the on-going model curriculum. For this aspect of the total evaluation plan the process evaluation procedures will be critical. The evaluation at this phase will meet the project requirement of describing and evaluating the program implementation process which makes the model curriculum development and implementation generalizable to other settings. This represents a somewhat unique aspect of an evaluation plan since in most evaluation efforts, the existing educational programs are typically considered permanent or at least expected to remain at the institution and be subject to only that institution's demands

(4) **Program Certification Phase**--Program certification or the extent to which the program goals have been met in terms of learner outcomes is the last phase of the evaluation process. During this phase quasi-experimental designs will be used to to assess the impact of the program behaviorally in terms of knowledge, attiudes and skills for abuse and addictions nursing practice.

Instruments for student outcome assessment will be acquired and/or developed for each instructional activity. This would include instruments for faculty as well as for students. Appropriate statistical analyses or comparisons will be applied depending on the specific instructional strategy or student outcome involved. Where appropriate evaluation research may need to be applied such as in the case of a unique intervention technique or new student outcome.

The evaluation plan is being developed by both faculty in the College of Nursing and curriculum and evaluation consultants. Each step is being coordinated with the efforts of the Working Committee. At this time it is still intended that to the extent possible the evaluation procedures used for the project will be consistent with those used in the current college programs. Where this may not be possible, the integrity of the project evaluation will be maintained. Knowledge acquisition, skill building and attitude development/change in the alcohol and other drug abuse nurse will be the primary student outcomes. The development of organizational policies procedures and practices will be determined to the extent they contribute to those outcomes and to the extent to which they are essential for the implementation of a generalizable model curriculum.

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APPENDIX A: FACULTY DEVELOPMENT SURVEY

Faculty Development Questionnaire*

Social Security # (Last 4 digits only)________________ Years at OSU ____________

Degree(s)____

Position

______Professor
______Associate Professor
______Assistant Professor
______Clinical Associate
______Other

Teaching Level:

______Sophomore
______Junior
______Senior
______Masters
______Ph.D.

Special interest(s) in the area of alcohol/other drug education:

Background specific to alcohol/other drug issues (Please indicate year work was done):

Course(s) ________________________________
CEU Courses/Workshops ________________________________
Other Workshop(s) ________________________________
Conferences ________________________________
Reading/Research ________________________________
Practice ________________________________
Other (Please specify) ________________________________
____

Please assess your level of competence and your interest in each of the areas listed below. For each rating, use the scale below.

1---------2---------3---------4---------5---------6---------7---------8---------9---------10

Not very Competent (Interested)	Moderately Competent (Interested)	Very Competent (Interested)

Competence (1 - 10)	Interest (1 - 10)	
______	______	Common definitions and diagnostic criteria for alcohol and other drug abuse
______	______	Epidemiology and natural history of alcohol and other drug abuse including sociocultural factors.
______	______	Current genetic theories relating to alcohol and other drug abuse
______	______	The relationship of alcohol and other drug abuse disorders to the family.
______	______	Prevention
______	______	The pharmacology and behavioral effects of commonly abused substances
______	______	The physiology of intoxication, dependence, tolerance and withdrawal

Competence (1 - 10)	Interest (1 - 10)	
______	______	Pathological effects of acute and chronic drug and alcohol abuse in organ systems
______	______	Screening for early and late manifestations of substance abuse (including behavioral manifestations)
______	______	Confirming a nursing diagnosis
______	______	Obtaining a detailed alcohol and drug history
______	______	Identifying physical findings suggestive of substance abuse
______	______	Interpreting the results of related laboratory tests
______	______	Client initiated data suggestive of substance abuse
______	______	Blocks to assessment, diagnosis and treatment (i.e., defense mechanisms in the patient, family, and nurse)
______	______	Motivating patients for treatment
______	______	Nursing interventions for of acute intoxication
______	______	Nursing interventions for overdose of mood altering and addictive substances.
______	______	Nursing interventions for withdrawal from addicting substances
______	______	Developing appropriate management plans for intervention, treatment and referral.
______	______	Long-term management for recovery/rehabiliation and relapse prevention
______	______	Self-help groups for the patient and family
______	______	Legal and ethical aspects of care to clients including screening for alcohol and drug abuse using blood, urine, and breath tests
______	______	Laws and regulations governing the use of controlled substances
______	______	Risk of alcohol and drug problems in health professionals as a group
______	______	Interprofessional collaboration to assure comprehensive service
______	______	Nurse involvement for planning for primary, secondary and tertiary prevention in the community

OTHER COMMENTS:

*Adapted from 1987 Project ADEPT, Brown University.

Alcohol/Other Drug Education Attitude Survey*

Please complete the following survey regarding substance abuse teaching in your course or program. Please return completed surveys to Dr. Juliet Miller, 216 Newton Hall.

Thank you in advance for your reply.

Please Note: If you are reponsible for more than one course or program, please complete a **separate** survey for each.

Name ____________________ Position ____________________________

Course Number/Program ______________________________________

1. As far as your overall course or program is concerned, how would you rate the importance of education in alcohol or other drug content?

1-------2-------3-------4-------5-------6-------7-------8-------9-------10

Not key; Content is optional. Can get by without it.	Of moderate importance; Ideally, some or all content should be learned.	Of great importance; Critical content; Essential that content be learned.

2. How would you rate your faculty's competence in issues related to alcohol and other drugs?

1-------2-------3-------4-------5-------6-------7-------8-------9-------10

Significant need for faculty development in his area.	Reasonably competent. Some could benefit from faculty development if offered.	Sufficiently competent; all have sufficient knowledge to perform competently in their own capacities. No need for faculty development.

3. What is the **minimum** number of hours you believe should be devoted to alcohol and other drug education in a course or program like yours?

Course	**Program**
____________**Didactic Clock Hours**	____________**Didactic Credit Hours**
____________**Clinical Clock Hours**	____________**Clinical Credit Hours**

4. How many total hours do you believe is **optimal** for education in alcohol and other drugs in a course or program like yours?

Course	**Program**
____________**Didactic Clock Hours**	____________**Didactic Credit Hours**
____________**Clinical Clock Hours**	____________**Clinical Credit Hours**

5. What other aspects of an optimum alcohol and other drug program would you include in a course or program like yours?

For the alcohol and drug abuse topics listed below, rank the **importance of teaching** each of these topics **in your course or program**. Use the scale shown on the left (1=Not Important, 5-6=Important, 10=Extremely Important).

Topics in Alcohol and Other Substance Abuse Training

Not Important — Important — Extremely Important	
1–2–3–4–5–6–7–8–9–10	Nursing Theoryand Related Disciplines in Addictions Nursing
1–2–3–4–5–6–7–8–9–10	Data Collection and Use of Data by Nursing Team
1–2–3–4–5–6–7–8–9–10	Nursing Diagnoses of Addictions and Related Disorders
1–2–3–4–5–6–7–8–9–10	Plan of Care for Client
1–2–3–4–5–6–7–8–9–10	Intervention with Clients Related to Patterns of Abuse or Addiction
1–2–3–4–5–6–7–8–9–10	Use of Nurse's "Therapeutic Self" in Intervention
1–2–3–4–5–6–7–8–9–10	Intervention via Education of Clients/Community
1–2–3–4–5–6–7–8–9–10	Knowledge and Philosophy of Self-Help Groups
1–2–3–4–5–6–7–8–9–10	Knowledge of Pharmacological Principles
1–2–3–4–5–6–7–8–9–10	Maintenance of a Therapeutic Environment
1–2–3–4–5–6–7–8–9–10	Counseling or Therapeutic Communication Skills
1–2–3–4–5–6–7–8–9–10	Evaluation of Client Response to Therapeutic Intervention and Revision of Intervention Process
1–2–3–4–5–6–7–8–9–10	Conformity of Intervention to Professional Code of Ethics and Legal Statutes
1–2–3–4–5–6–7–8–9–10	Peer Review and Quality Assurance
1–2–3–4–5–6–7–8–9–10	Continuing Professional Development in this Area
1–2–3–4–5–6–7–8–9–10	Collaboration with the Interdisciplinary Treatment eam Regarding Alcohol/Other Drug Issues
1–2–3–4–5–6–7–8–9–10	Research in the Area of Addictions

Other ______________________________

*Adapted from 1987 Project Adept, Brown University.

FACULTY RESOURCE QUESTIONNAIRE

Please complete this form and submit it separately if you are interested in serving in a Faculty Resource role in any area related to Alcohol and Other Drug Education.

Name______________________________ **Campus Phone**____________________

Campus Address__________________________________

Area of Knowledge/Expertise:

APPENDIX B: TAXONOMY OF CONTENT AREAS

TAXONOMY OF CONTENT AREAS

1.0 **Definitions - NCA, DSM III, other**
  - 1.1 Experimentation
  - 1.2 Use
  - 1.3 Abuse
  - 1.4 Dependence

2.0 **Models/Etiology**
  - 2.1 Biological/Genetic
  - 2.2 Cognitive
  - 2.3 Psychosocial

3.0 **Epidemiology**
  - 3.1 Consumption
  - 3.2 Morbidity
  - 3.3 Mortality
  - 3.4 Prevalence of abuse problems
  - 3.5 Special populations
  - 3.6 Costs

4.0 **Types of Substances**
  - 4.1 Depressants - Alcohol
  - 4.2 Depressants - barbiturates, benzadiazapines
  - 4.3 Stimulants - amphetamines, cocaine, nicotine, caffeine
  - 4.4 Opioids - heroin, morphine, codeine, demoral, darvon
  - 4.5 Hallucinogens - LSD, mescaline
  - 4.6 Phencyclidines - PCP
  - 4.7 Cannabinoids - marijuana, hashish
  - 4.8 Over -the-Counter Drugs

5.0 **Characteristics/Effects (for each type)**
  - 5.1 Prevalence & patterns of use
  - 5.2 Pharmacologic actions
  - 5.3 Tolerance, toxicity and dependence
  - 5.4 Withdrawal patterns

6.0 **Effects of Abuse and Dependence**
  - 6.1 Physiological - acute, chronic
  - 6.2 Behavioral
  - 6.3 Psychological
  - 6.4 Family
  - 6.5 Sociocultural
  - 6.6 Spiritual
  - 6.7 Other - legal, financial, vocational

7.0 **Medical Consequences**
  - 7.1 Cardiovascular
  - 7.2 Dermatologic
  - 7.3 Endocrinologic
  - 7.4 Gastrointestinal
  - 7.5 Hematopoietic
  - 7.6 Hepatic

- 7.7 Neuromuscular
- 7.8 Pulmonary
- 7.9 Skeletal
- 7.10 Medical problems complicated by abuse - abdominal pain, diabetes, epilepsy, hypertension
- 7.11 Surgical Problems - anesthesia, post-surgical pain relief, pulmonary problems
- 7.12 Maternal and neonatal
- 7.13 Sexual dysfunction
- 7.14 Psychiatric disorders
- 7.15 AIDS

8.0 Assessment

- 8.1 Health history
- 8.2 Socio - psych history
- 8.3 Signs/Symptoms
- 8.4 Screening Techniques - CAGE, MAST, NCA
- 8.5 Problems/Physical Complaints
- 8.6 Laboratory Tests

9.0 Diagnosis

- 9.1 Substance Use
  Types (contaminants multi-use),duration, quantity, degree of tolerance, time elapsed since last used
- 9.2 Effects of use - Physical, psychological, family, sociocultural, spiritual, legal, financial, vocational
- 9.3 Support Systems - family, friends, work, other
- 9.4 Previous treatment for chemical dependence
- 9.5 Presenting the diagnosis - drinking with denial and resistance

10.0 Planning

- 10.1 S.O.A.P. charting (objective, subjective, assessment, plan)
- 10.2 Nursing care plans - problem, goal, approach

11.0 Treatment of Acute Symptoms

- 11.1 Acute intoxication/overdose
- 11.2 Withdrawal
- 11.3 Flashback reaction
- 11.4 Panic reaction
- 11.5 Psychotic reaction
- 11.6 Organic brain syndrome

12.0 Post-Acute Care/Intervention

- 12.1 Therapeutic Alliance
- 12.2 Education
- 12.3 Self-Help Groups
- 12.4 Pharmacological Therapies - antagonist, drugs, methadone maintenance
- 12.5 Therapeutic Environment
- 12.6 Counseling
- 12.7 Detoxification
- 12.8 Behavioral Modification

13.0 Special Population
13.1 Women
13.2 Ethnic/minority groups - Black, Hispanic, Asian, American Indian
13.3 Adolescents
13.4 Elderly
13.5 Dual diagnosis
13.6 Aids patients
13.7 Infants (Fetal Alcohol and drug dependent)
13.8 Homeless

14.0 Family
14.1 Co-dependence
14.2 Adult children of a Alcoholics
14.3 Medical conditions - depression, conversion disorder (hysteria), eating disorders, post-traumatic stress disorder, stress induced physical complaints,psychological and physical abuse
14.4 Treatment - education, inpatient and outpatient treatment, individual and group counseling, self-help groups

15.0 Ethical/Legal Considerations

15.1 Personal attitudes/belief about alcoholism and drug dependence
15.2 Confidentiality
15.3 Knowledge of federal & State legislation
15.4 Impaired colleagues

16.0 Interprofessional Collaboration
16.1 Key professionals - nurse, doctor, counselors, social workers, psychologists, chaplains, volunteers
16.2 Strategies for collaboration
16.3 Unique contributions of nurse

17.0 Impaired Nurse Function
17.1 Assessment/intervention - self-assessment, intervention team
17.2 Programs & Policies - state nursing societies, state nursing boards, hospital-based programs
17.3 Treatment - inpatient, outpatient, aftercare, re-entry
17.4 Prevention - nursing education, support groups

18.0 Prevention and Early Indentification
18.1 Education and Information
18.2 Screening
18.3 Counseling
18.4 Linkages to other prevention programs - school, workplace, legal system

19.0 Research
19.1 Emerging Areas - genetics, fetal alcohol syndrome, risk factors, treatment modalities, prevention, medical consequences
19.2 Methodologies
19.3 Funding sources - Federal (NIAAA/NIDA), state, foundations

APPENDIX C: GLOSSARY

GLOSSARY

ABSTINENCE (1) (2)* Voluntary refraining from activities or the use of substances that have caused problems in psychosocial, biological, cognitive/perceptual, or spiritual/belief dimensions of life. (4) The total avoidance of a behavior or substance, especially with regard to food, intoxicating drinks, or drugs. (5) Cessation of use of a psychoactive substance previously abused, or on which the user has developed dependence.

ABUSE (1) An instance or pattern of conduct that exceeds a given norm determined by the interplay of variables such as age, personality, culture, and health conditions. (2) Continued use despite knowledge of having a persistent or recurrent social, occupational, psychological, or physical problem that is caused or exacerbated by use of psychoactive substances or by frequent preoccupation with and use of a maladaptive behavior pattern. (5) Any use of drugs that causes physical, psychological, economic, legal, or social harm to the individual user or to others affected by the drug user's behavior.

ABUSE POTENTIAL (4) The tendency for a certain percentage of individuals taking a drug to fall into abuse patterns. (5) The property of a substance that, by its physiological or psychological effects, or both, increases the likelihood of an individual's abusing or becoming dependent on that substance.

ACUTE (4) Of short duration and usually of great sharpness or intensity.

ADDICT (5) A person who is physically dependent on one or more psychoactive substances, whose long-term use has produced tolerance, who has lost control over his intake, and would manifest withdrawal phenomena if discontinuance were to occur.

ADDICTION (1) (2) An illness characterized by compulsion, loss of control, and continued patterns of abuse despite perceived negative consequences; obsession with a dysfunctional habit. (5) A chronic disorder characterized by the compulsive use of a substance resulting in physical, psychological, or social harm to the use and continued use despite that harm.

ADMINISTRATION ROUTE (4) The method by which a drug is introduced into the body such as oral ingestion, injection, smoking, etc.

ADVERSE DRUG REACTION (4) A negative somatic or psychological reaction to drug taking.

AFTERCARE (4) In substance abuse treatment, the package of services provided to the client after successful discharge from the program.

AGONIST (4) A substance that can bind at the molecular level with a receptor site to produce a pharmacological action.

ALCOHOL ABUSE ((3) See Psychoactive Substance Absue and DSM-IIIR for further information; (5) Use of ethyl alcohol in a quantity and with a frequency that causes the individual significant physiological, psychological, or sociological distress or impairment.

ALCOHOL ADDICTION (5) Physiological and psychological dependence on alcohol.

(* Number refers to items in the reference list.)

ALCOHOL DEPENDENCE (3) See Psychoactive Substance Depedence and DSM-IIIR; (5) Chronic loss of control over the consumption of alcoholic beverages, despite obvious psychological or physical harm to the person. Increasing amounts are required over time, and abrupt discontinuance may precipitate a withdrawal syndrome. Following abstinence, relapse is frequent.

ALCOHOLIC (5) Person who has experience physical, psychological, social, or occupational impairment as a consequence of habitual, excessive consumption of alcohol.

ALCOHOLICS ANONYMOUS (1) An international fellowship of men and women who have had a drinking problem; a nonprofessional, self-supporting, nondenominational, multiracial, and almost omnipresent organization with not age or educational requirements. Membership is open to anyone who wants to do something about his or her drinking problem. (5) An international, nonprofessional organization of alcohol-dependent persons devoted to the achievement and maintenance of sobriety of its members through self-help and mutual support.

ALCOHOLISM (5) A chronic, progressive, and potentially fatal biogenetic and psychosocial disease characterized by tolerance and physical dependent manifested by a loss of control, as well as diverse personality changes and social consequences.

AMPHETAMINES (4) A general name given to a class of synthetic sympathomimetic amines that are similar in some ways to the body's own adrenaline (epinephrine) and that act with a pronounced stimulant effect on the central nervous system.

ANTAGONIST (4) A drug that blocks or counteracts the effect of another drug.

AMPHETAMINE ABUSE (3) See Psychoactive Substance Abuse and DSM-IIIR for further information.

AMPHETAMINE DEPENDENCE (3) See Psychoactive Substance Dependence and DSM-IIIR for further information.

AT-RISK POPULATION (4) Subgroups within a population whose members have been identified as being particularly susceptible to becoming substance abusers.

BEHAVIORAL THERAPY (4) The systematic application of learning principles and techniques to the treatment of behavior disorders.

BLACKOUT (5) Acute anterograde amnesia with no formation of long-term memory, e.g., a period of memory loss during which there is no recall for activities, resulting from the ingestion of alcohol and other drugs.

BLOOD LEVEL (4) The concentration of a drug, such as alcohol, in the blood, usually expressed in percent by weight.

CANNABIS (4) A major classification of drugs derived from the botanical plant class of the same name. Both cannabis and marijuana are often used interchangeable as general terms to refer to all of the various associated preparations that are consumed for their intoxicating properties. Effects vary with effects similar to the depressants, stimulants, and hallucinogens having been observed.

CANNABIS ABUSE (3) See Psychoactive Substance Abuse and DSM-IIIR for further information.

CANNABIS DEPENDENCE (3) See Psychoactive Substance Dependence and DSM-IIIR for further information. (5) The psychological need for a routing pattern of cannabis use to the point where social-occupational function is impaired to some degree.

CHEMICAL DEPENDENCE (5) Generic term relating to psychological or physical dependence, or both, on an exogenous substance.

CHRONIC (4) Of long duration; descriptive of diseases that progress slowly and persist for long periods.

CLIENT (2) The individual, family, group,. or community for whom the nurse is providing formally specified services as sanctioned by the state nursing practice act.

COCAINE (4) An alkaloid refined from the coca plant that is a short-acting but powerful stimulant pharmacologically similar to the amphetamines.

COCAINE ABUSE (3) See Psychoactive Substance Abuse and DSM-IIIR for further information.

COCAINE DEPENDENCE (3) See Psychoactive Substance Dependence and DSM-IIIR for further information.

CONFIDENTIALITY (4) Confidentiality, assuring the anonymity of participants in substance abuse treatment programs, is protected by Federal and various individual State regulations.

CONTINUING CARE (2) Twelve-step self-help groups, counseling, follow-up, and individualized support for clients following treatment for abuse or addiction.

CONTROLLED SUBSTANCES ACT (4) Federal act established five "schedules" or classifications of controlled substances according to their potential for abuse, physical and psychological dependence liability, and currently accepted medical use.

CROSS-DEPENDENCE (4) A condition in which one drug can prevent the withdrawal syndrome associated with the use of a different drug. (5) The ability of one drug to suppress the manifestations of physical dependence produced by another and to maintain the physically dependent state.

CROSS-TOLERANCE (4) A condition in which tolerance to one drug often results in a tolerance to a chemically similar drug. (5) Tolerance, originally produced by long-term administration of one drug, which is manifested toward a second drug that has not been administered previously (e.g. tolerance to alcohol is accompanied by cross-tolerance to volatile anesthetics or barbiturates).

DEPENDENCE (2) A cluster of cognitive, behavioral, and physiological symptoms that indicate that a person has impaired control of the use of psychoactive substance(s), continues use despite adverse consequences, and experiences characteristic psychological and/or physiological problems related to cessation of use; a similar psychophysiological symptom pattern indicating impaired control over use of certain behavioral patterns, including the use of food, sexual activity, gambling, or spending. (5) A generic term that relates to physical or psychological dependence, or both. It is characteristic for each pharmacological class of psychoactive drugs. Impaired control over drug-taking behavior is implied.

DEPENDENCE, PHYSICAL (5) A physiological state of adaptation to a drug or alcohol, usually characterized by the development of tolerance to drug effects and the emergence of a withdrawal syndrome during prolonged abstinence.

DEPENDENCE, PSYCHOLOGICAL (5) The emotional state of craving a drug either for its positive effect or to avoid negative effects associated with its absence.

DEPRESSANT (5) Any drug that depresses the central nervious system resulting in sedation and a decrease in bodily activity.

DETOXIFICATION (5) A process of withdrawing a person from an addictive substance, in a safe and effective manner.

DISEASE CONCEPT (5) Recognition that chemical dependency is a chronic, progressive, and potentially fatal biogenetic and psychosocial disease characterized by tolerance and physical dependence manifested by a loss of control, as well as diverse personality changes and social consequences.

DRUG FREE (5) Ongoing disassociation from the use of any psychoactive substance.

DRUG MISUSE (5) Any use of a drug that varies from a socially or medically accepted use.

EMPLOYEE ASSISTANCE (1) A program sponsored by employers to identify problems of abuse and addiction and initiate treatment.

ENABLING BEHAVIOR (5) Any action by another person or an institution that intentionally or unintentionally has the effect of facilitating the continuation of abuse or dependence.

EPIDEMIOLOGY (4) The study of rates of health-related problems within given groups, and the occurrence, distribution, and course of health and disease.

ETIOLOGY (4) The study of the causes or origins of a disease.

FAMILY (4) A social unit whose members are bound together by marriage, blood, or personal pact.

FAMILY ALCOHOLISM (5) Pattern of alcoholism occurring in more than one generation within a family, due to either genetic or environmental factors.

FAMILY INTERVENTION (5) Specific form of intervention involving family members of alcohol and drug addicts designed to benefit the target patient as well as the family constellation.

FAMILY THERAPY (4) Treatment of more than one members of a family simultaneously in the same session. The assumption is that the problem in one member of a family may be effect interrelationships and functioning.

FETAL ALCOHOL SYNDROME (6) Constellation of alcohol-induces physical anomalies and mental retardation found in infants. Patient has one or more signs in each of the following categories (a) Prenatal or postnatal growth retardation -- weight length, or head circumference abnormally small for age; (b) central nervous system involvement -- signs of neurological abnormality, delayed development, or intellectual impairment; and (c) characteristic cranial and facial malformations -- at least two of the following signs, abnormally small head, small eyes or short palpebral fissures, and poorly developed philtrum, thin upper lip, or flattening of the cheekbones.

GAMBLERS ANONYMOUS (1) A self-help group for those to whom gambling has become a major problem. This organization is modeled after the self-help group Alcoholics Anonymous.

GENERALISTS (2) A licensed professional nurse who is able ot provide the full range of nursing care.

GROUP THERAPY (4) The technique of treating patients in groups instead of individually; this technique emphasizes the fact that their problems are not unique.

HALFWAY HOUSE (1) An inn or home in which those recovering from addiction may live for a brief period early in their sobriety.

HALLUCINOGEN (4) A major classification of natural and synthetic drugs whose primary effect is to distort senses; they can product hallucinations--experiences that depart from reality.

HALLUCINOGEN ABUSE (3) See Psychoactive Substance Abuse and DSM-IIIR for further information.

HALLUCINOGEN DEPENDENCE (3) See Psychoactive Substance Dependence and DSM-IIIR for further information.

IMPAIRED NURSE FUNCTION (5) A nurse whose clinical conduct does not meet accepted standards of practice and that is secondary to alcohol-drug use, or psychiatric illness, or physical illness, or all three.

INHALANT ABUSE (3) See Psychoactive Substance Abuse and DSM-IIIR for further information.

INHABANT DEPENDENCE (3) See Psychoactive Substance Dependenceand DSM-IIIR for further information.

INTERVENTION (5) Act of interceding in behalf of an individual who is abusing or is dependent on one or more psychoactive drugs, with the aim of overcoming denial, interrupting drug-taking behavior, or inducing the individual to seek and initiate treatment.

INTOXICATION (4) An abnormal acute or chronic state that in a medical sense is essentially a poisoning. An altered physiological state resulting from ingestion of a psychoactive drug. (5) Changes in physiological functioning, psychological functioning, mood states, or cognitive processes, or all of these, as a consequence of excessive consumption of a drug, usually disruptive.
LOSS OF CONTROL (5) The inability to limit the use of substances via an internal locus of control.

MAINTENANCE (4) Treatment in which a person dependent on a drug, usually an opiate narcotic, is legally supplied with a daily ration of either the drug to which the person is dependent or a drug that will prevent withdrawal symptoms, e.g., methadone. (5) A form of therapeutic intervention applied to opiate addicts, and consisting of the oral administration of a substitute opiate drug to minimize the reinforcement of drug taking and prevent a withdrawal reaction, while permitting rehabilitation to be achieved.

NARCOTICS ANONYMOUS (1) A nonprofit fellowship or society of men and women for whom the use of drugs has become a major problem. The program is an adaptation of Alcoholics Anonymous.

NICOTINE (4) The main active ingredient (alkaloid) of tobacco. An extremely toxic substance, its general physical effects include irritation of lung tissues, constriction of blood vessels, and increased blood pressure and heart rates. It produces CNS stimulation, but in high doses it can also have depressant effects.

NICOTINE DEPENDENCE (3) See Psychoactive Substance Dependence and DSM-IIIR for further information.

OPIOIDS (4) Synthetic drugs manufactured to resemble the opium alkaloids morphine and codeine and their derivatives in action and effect. Sometimes used as a general term that includes all of the opium and opiumlike derivative, natural and synthetic.

OPIOID ABUSE (3) See Psychoactive Substance Abuse and DSM-IIIR for further information.

OPIOID DEPENDENCE (3) See Psychoactive Substance Dependence and DSM-IIIR for further information.

OVERDOSE (5) The inadvertent or deliberate consumption of a much larger dose than the habitually used by the individual in question, and resulting in serious toxic reactions or death.

OVEREATERS ANONYMOUS (1) A self-help program for those to whom excessive eating has become a major problem. The organization uses the 12 steps and 12 traditions of Alcoholics Anonymous, changing the words alcohol and alcoholic to food and compulsive overeater.

PATTERN OF USE (4) A sequence of drug-using behavior by an individual or a group including description of kind and amount of drug taken.

PHARMACOLOGY (4) The study of the effect of drugs on the living organism.

PHENCYCLIDINE ABUSE (3) See Psychoactive Substance Abuse and DSM-IIIR for further information.

PHENCYCLIDINE DEPENDENCE (3) See Psychoactive Substance Dependence and DSM-IIIR for further information.

POLYDRUG ABUSE (5) Concomitant use of two or more psychoactive substances in quantities and with frequencies that cause the individual significant physiological, psychological, or sociological distress or impairment.

POTENTIATION (4) The ability of one drug to increase the activity of another drug taken simultaneously.

PREDISPOSITION (4) Any factor that, although not the direct cause of an event, insures that the event is more likely to occur in its presence than in its absence.

PREVENTION (5) Social, economic, legal, or individual psychological measures aimed at minimizing the use of potentially addicting substances, or lowering the dependence risk in susceptible individuals.

PREVENTION, PRIMARY (2) Measures that actively promote health, prevent illness, and provide specific protection. (5) Attempts to reduce the incidence of new cases (or problems) in a general population.

PREVENTION, SECONDARY (2) Early diagnosis and prompt interventions to limit disabilities. (4) Intervention to prevent substance abuse or dependence directed at those persons experimenting with drugs.

PREVENTION, TERTIARY (2) Measures that reduce impairments and disabilities, minimize suffering caused by departures from good health, and promote the client's adjustment to immediate conditions; rehabilitation activities. (4) The treatment of drug abusers with the goal of removing or controlling their disability to a degree than permits them to be psychologically and socially rehabilitated.

PROBLEM DRINKING (5) A pattern of alcohol consumption that does not satisfy all the criteria of alcoholism, but that is characterized by sufficiently large intake to have generated problems of health or social functioning.

PSYCHOACTIVE SUBSTANCES (5) Nine classes of psychoactive substances are associated with both abuse and dependence: alcohol; amphetamine or similarly acting sympathomimetics; cannabis; cocaine; hallucinogens; inhalants; opioids; phencyclidine (PCP) or similarly acting arylcyclohexylamines; and sedative, hypnotics, or anxiolytics.

PSYCHOACTIVE SUBSTANCE ABUSE (5) A residual category for noting maladaptive patterns of psychoactive substance use that have never met the criteria for dependence for that particular class of substance. Diagnostic criteria are: a. A maladaptive pattern of psychoactive substance use indicated by at least one of the following: continued use despite knowledge of having a persistent or recurrent social, occupational, psychological, or physical problem that is caused or exacerbated by use of the psychoactive substance and recurrent use in situation in which use is physically hazardous (e.g., driving while intoxicated); b. Some symptoms of the disturbance have persister for at least one month, or have occurred repeatedly over a longer period of time; c. Never met the criteria for Psychoactive Substance Dependence for this substance.

PSYCHOACTIVE SUBSTANCE DEPENDENCE (3) The essential feature of this disorder is a cluster of cognitive, behavioral, and physiologic symptoms that indicate that the person has impaired control of psychoactive substance use and continues use of the substance despite adverse consequences. The symptoms include but are not limited to the physiologic symptoms of tolerance and withdrawal. The symptoms of the dependence syndrome are the same across all categories of psychoactive substances, but for some classes some of the symptoms are less salient and in a few instances do not apply. At least three of the nine characteristic symptoms of dependence are necessary to make the diagnosis. Also, the symptoms must have persisted for at least one month or have occurred repeatedly over a longer period of time. Dependence is conceptualized as having different degrees of severity including mild, moderate, and severe dependence and dependence in partial or full remission. Symptoms of dependence are: a. Substance often taken in larger amounts or over a longer period of time than the person intended; b. Persistent desire or one or more unsuccessful efforts to cut down or control substance use; c. A great deal of time spent in activities necessary to get the substance, e.g., theft, taking the substance, e.g., chain smoking, or recovering from its effects; d. Frequent intoxication or withdrawal symptoms when expected to fulfill major role obligation at work, school or home (e.g., does not go to work because hung over, goes to school or work "high," intoxicated while taking care of his or her children), or when substance use is physically hazardous (e.g., drives when intoxicated); e. Important social occupational, or recreational activities given up or reduced because of substance use; f. Continued substance use despite knowledge of having a persistent or recurrent social, psychological, or physical problem that is caused or exacerbated by the use of the substance (e.g., keeps using heroin despite family arguments about it, cocaine-induced depression, PSYCHOACTIVE SUBSTANCE DEPENDENCE (3) Con't.- or having and ulcer made worse by drinking); g. Marked tolerance: need for markedly increased amounts of the substance (i.e., at least 50% increase) in order to achieve intoxication or desired effect, or markedly diminished effect with continued use of the same amount; h. Characteristic withdrawal symptoms; i. Substance often taken to relieve or avoid withdrawal symptoms. Criteria for severity of psychoactive substance dependence: a. Mild - Few, if any, symptoms in excess of those required to make the diagnosis, and the symptoms result in no more than mild impairment in occupational functions or in usual social activities or relationships with others. b. Moderate - Symptoms or functional impairment between "mild" and "severe"; c. Severe - Many symptoms in excess of those required to make the diagnosis, and the symptoms markedly interfere with occupational functioning or with usual social activities or relationships with others; d. In Partial Remission - During the past six months, some use of the substance and some symptoms of dependence. e. In Full Remission - During the past six months, either no use of the substance, or use of the substance and no symptoms of dependence.

RECOVERING ALCOHOLIC (5) An alcoholic who is successfully abstaining; to emphasize the concept that no one is ever cured, and that recovery must be continuously worked at.

RECOVERY (1) Regaining health; returning to a normal state in which the individual no longer engages in problematic behavior, can feel good about himself or herself, and is able to accomplish established goals. (5) A process of overcoming both physiological and psychological dependence on a drug or alcohol.

REHABILITATION (5) The restoration of an optimum state of health by medical, psychological, social, and peer group support for a chemically dependent person and his or her significant others.

RELAPSE (5) Recurrence of alcohol- or drug-dependent behavior in an individual who has previously achieved and maintained abstinence for a significant time beyond the period of detoxification.

SEDATIVE/HYPNOTIC (4) A major classification of nonnarcotic depressant drugs with such primary effects as calming, sedation, or induction of sleep. Divided into four categories: barbiturates; alcohol; antianxiety tranquilizers; and nonbarbiturate, proprietary drugs.

SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE PHENCYCLIDINE ABUSE (3) See Psychoactive Substance Abuse and DSM-IIIR for further information.

SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE PHENCYCLIDINE DEPENDENCE (3) See Psychoactive Substance Dependence and DSM-IIIR for further information.

SELF-HELP GROUPS (2) A fellowship of men and women who have had problems with abuse and addiction and who help individuals with these problems learn new ways to address stress and integrate new coping behaviors into their life-style. These groups include Alcoholics Anonymous, Al-Anon, Narcotics Anonymous, Gamblers Anonymous, and Overeaters Anonymous.

SOBRIETY (5) Generally refers to the state of complete abstinence from alcohol and other drugs of abuse in conjunction with a satisfactory quality of life.

SOCIAL DETOXIFICATION CENTER (1) A nonmedical environment developed to help alcoholics withdraw from alcohol with little or no medication.

SPECIALIST (2) A nurse who, through study and supervised practice at the graduate level (master's or doctoral), has become expert in a defined area of knowledge and practice in a selected clinical area of nursing.

STIMULANTS (4) A major classification of drugs that stimulate the central nervous system and excite functional activity in the body, producing an elevation of mood, a state of wakefulness, increased mental activity, energy, alertness and tension, and suppressing appetite.

SUBSTANCE ABUSE (5) The use of a psychoactive substance in a manner detrimental to the individual or society but not meeting criteria for substance or drug dependence.

THERAPEUTIC COMMUNITY (4) A generic term describing a wide spectrum of residential treatment approaches and clients, all of which embrace the fundamental need for individual change through a communal living milieu in order to render stable changes in lifelong self-destructive and socially destructive behavior.

THERAPEUTIC MILIEU (2) The client care environment in which the daily events, interactions and surroundings have been purposefully modified, in accord with scientific principles and psychotherapeutic theory, to provide the client with learning experiences that reinforce the strategic goals of the treatment plan.

THERAPEUTIC SELF (2) The mobilization of one's unique personal energies, attributes, and interpersonal skills to demonstrate genuine presence and availability to another; use of the self and the shared human capability for relationship and alliance formation to foster the client's progress toward psychotherapeutic goals.

TOLERANCE (4) decrease in response to a drug dose that occurs with continued use. (5) Physiological adaptation to the effect of drugs, so as to diminish effects with constant dosages or to maintain the intensity and duration of effects through increased dosage.

TOLERANCE, REVERSE (4) A condition in which the response to a certain dose of a drug increases with repeated use.

TREATMENT (5) Application of planned procedures to identify and change patterns of behavior that are maladaptive, destructive, or health injuring; or to restore appropriate levels of physical, psychological, or social function.

TREATMENT MODALITIES (4) Treatment methods and techniques including therapeutic communities, residential center, outpatient treatment, detoxification centers and methadone maintenance clinics.

TREATMENT OUTCOME (4) Success of a given treatment program in achieving its goals, usually defined in terms of continued abstinence from the use of the drug for which the client is being treated, but also such factors as increased employment and criminality.

WITHDRAWAL (5) Cessation of drug or alcohol use by an individual in whom dependence is established.

WITHDRAWAL SYNDROME (5) The onset of a predictable constellation of signs and symptoms involving altered activity of the central nervous system after the abrupt discontinuation of, or rapid decrease in, dosage of a drug.

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